



The
**MODERN
HOSPITAL**

Vol. IX

July, 1917

No. 1



Fall Hay Fever

Hay Fever Pollenin Fall Mulford

(Formerly Hay Fever Vaccine Fall Mulford)

is indicated in the prevention and treatment of Fall Hay Fever. **Hay Fever Pollenin Fall Mulford** contains the protein extracts obtained from the pollens of ragweed, golden-rod and corn, and is indicated in hay fever occurring in persons susceptible to the several pollens.

Hay Fever Pollenin Ragweed Mulford

(Formerly Hay Fever Vaccine Ragweed Mulford)

consists of the protein extract obtained from the pollen of ragweed—the cause in a majority of cases of hay fever occurring in the Fall—dissolved in physiological saline solution and accurately standardized.

Hay Fever Pollenin Fall Mulford and Hay Fever Pollenin Ragweed Mulford are furnished in:

Packages containing 4 sterile glass syringes of graduated strengths, \$5.00
In single syringes "D" strength, \$1.50

Syringe A contains 0.0025 mg. extract of the pollen proteins

"	B	"	0.005	"	"	"	"	"	"
"	C	"	0.01	"	"	"	"	"	"
"	D	"	0.02	"	"	"	"	"	"

In ordering specify "Hay Fever Pollenin Fall" or "Hay Fever Pollenin Ragweed" as may be desired, otherwise the Hay Fever Fall Pollenin will be supplied.

For Immunization and Treatment of Hay Fever, first dose (Syringe A) should be given at least 30 days before expected attack, followed by syringes B, C and D at five-day intervals; during the entire period of accustomed attack or until immunity is established treatment should be continued, using Syringe D.

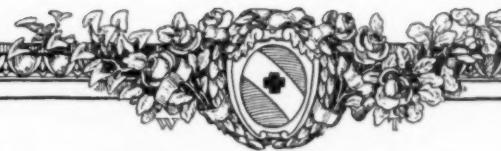
There are no contraindications to the therapeutic or prophylactic use of Hay Fever Pollenin Mulford as far as known. Should a clinical reaction occur, characterized by rise in temperature and aggravation of symptoms, the next dose should be decreased.

Full literature mailed upon request.

H. K. MULFORD CO., Philadelphia, U. S. A.

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THE MODERN HOSPITAL

A Monthly Journal Devoted to the Building, Equipment, and Administration of Hospitals, Sanatoriums, and Allied Institutions, and to their Medical, Surgical, and Nursing Services

Vol. IX

July, 1917

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THE HENRY W. PUTNAM MEMORIAL HOSPITAL, BENNINGTON, VT.

A Municipal Hospital Supported by the Income From Municipal Waterworks—Electricity Economically Used in Diet Kitchens

By HARRY LESLIE WALKER, ARCHITECT, AND S. S. GOLDWATER, M. D., CONSULTANT, NEW YORK

ON a beautiful knoll of 9 acres' extent just on the edge of the village of Bennington, Vermont, and with the Green Mountains as a background, is being built the Henry W. Putnam Memorial Hospital. Not far away rises the stone shaft marking the site of the Revolutionary battle of Bennington. Where the Vermont farmers drove the red-coats before them on that memorable day, it is hoped modern hospital methods will wage an equally successful fight against disease and suffering because of the generosity and forethought of one of the men of this community. Some years before his death Mr. Henry W. Putnam presented the village of Bennington with its water system, and in the deed of gift he provided that the net income from the water service should be used for but one purpose, the building and maintenance of a hospital to serve the people of Bennington and the surrounding country. Upon his father's death Mr. Henry W. Putnam, Jr., gave to the corporation formed to build and operate the hospital the funds for the construction of the building itself, so that none of the accumulated income from the water system would have to be used for that purpose, but all could be conserved for the maintenance of the institution.

The land surrounding the hospital has been carefully laid out with sites arranged and reserved for possible future buildings. The present building faces east, the long axis running north and south, and the sunshine reaches all of the rooms at some time during the day.

In the first story at each side of the main entrance vestibule are the superintendent's office and the business office, and at each end of the

main corridor, which is of ample width, is an eight-bed ward, and beyond the wards the solariums. The solariums have tile floors and are surrounded with swinging sash and screens, and in warm, pleasant weather convalescent patients may be moved in rolling chairs to the surrounding lawn by way of gently inclined ramps that will be built extending from the solarium floors down to the grass. The nurses' station in each of the wards is enclosed in glass and provided with a small sink and electric plug. This glass enclosure permits an unobstructed view of the entire ward, and allows the windows to be opened for ventilation and the rooms to be cooled, particularly at night, without exposing the nurse on duty to an uncomfortable temperature.

At each end of the building, between the wards and the private and semi-private rooms, are the nurses' utility rooms, diet kitchens, toilet rooms, bath rooms, small linen closets and blanket warmers. The utility rooms will each be equipped with lavatory, laundry tray and sterilizing slop sink, as well as shelving and hanging racks. In the diet kitchens are a gas and electric stove, steam table, sink with drain boards, and refrigerator, as well as ample case room for dishes and supplies.

It is interesting to note that an arrangement has been perfected between the trustees of the hospital and the electric lighting company supplying current, for a special rate on a cooking circuit which has been installed, low enough so that electricity may be used for cooking and similar purposes in all of the diet kitchens. This circuit has also been carried to many other places throughout



Fig. 1. The Henry W. Putnam Memorial Hospital, Bennington, Vt.

the building and is there available by means of base plugs. Gas has also been carried not only to the main kitchen and diet kitchens, but also to other rooms, where it will be available for heating purposes, sterilizing, and cooking.

In the angle formed by the junction of the rear wing and the main portion of the building is located the entrance for patients, and also for such supplies as would not go to the kitchen. Near this entrance is the doctors' examining room, provided with a toilet and necessary cases for supplies. Located in the center of the building and near both principal entrances is a large linen room for storage of the immediate surplus of linen, also the elevator, which is of the electric push-button type and amply large enough to accommodate a patient on a stretcher, with two attendants.

The patients' rooms in the first story, other than the two large wards, have been designed to take one, two or four beds, thus permitting a flexibility of accommodation according to the prices

that people may desire to pay for service. Across the main corridor from the main entrance is the reception room for visitors. In the first story of the rear wing of the building is the main kitchen with a separate outside entrance hall in which is the large refrigerator, the staff dining room with serving pantry, the servants' dining room, two large storage pantries for kitchen supplies, and the rear stairs to the basement and to the servants' rooms above. In the main kitchen are gas ranges, large vegetable and dish sinks, and the necessary cases for dishes and supplies. This room has large windows on either side, thus insuring the best of cross-light and ventilation. The main stairways, which extend from the basement to the attic, are located at each end of the main wing of the building, and are designed with wide treads and low risers, so as to be especially easy of ascent.

In the second story of the main part of the building the

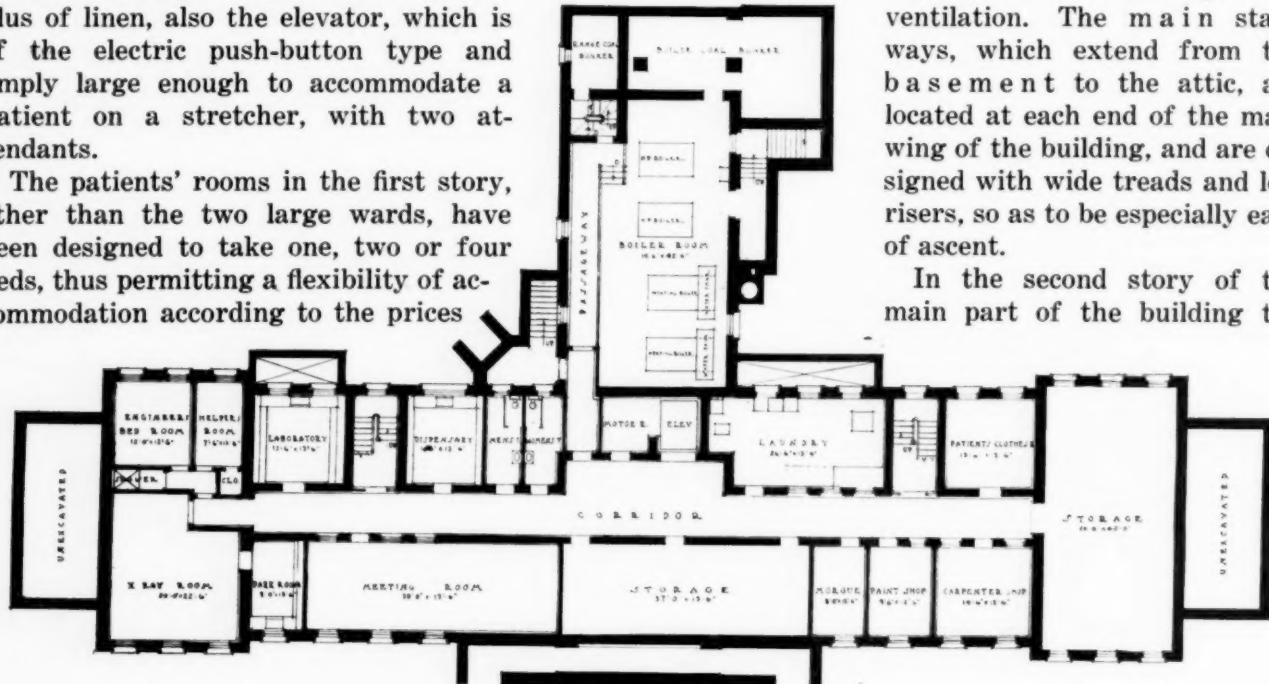


Fig. 2. Basement floor plan. The Henry W. Putnam Memorial Hospital, Bennington, Vt.

diet kitchens, utility rooms, general baths, and toilets are located over those in the first story, and the remainder of the space includes rooms for the matron and resident physician, and nine private rooms for patients, six of these rooms being arranged to connect with private bath rooms. At the present time a partition has been placed across the main corridor near the north end of the building, so that six of these rooms may be used for nurses. It is hoped that a separate building for a nurses' home will be erected in the near future, and when this is done, these rooms will be used for patients as originally planned.

The rear wing of the building in

windows on the south side of the room. The electric lights have been placed at the four corners of a rectangle 5 feet by 7 feet in the center of the ceiling, thus avoiding shadows and the unpleasant heat from a large cluster of lights concentrated immediately over the operator.

The basement of the building is given up to rooms for the boilers, fuel, and mechanical plant, the x-ray room with its accompanying dark room, a small lecture or assembly room, the lavatory, dispensary, laundry with soiled linen chute from the two floors above, patients' clothes room, carpenter shop, morgue, general men's and

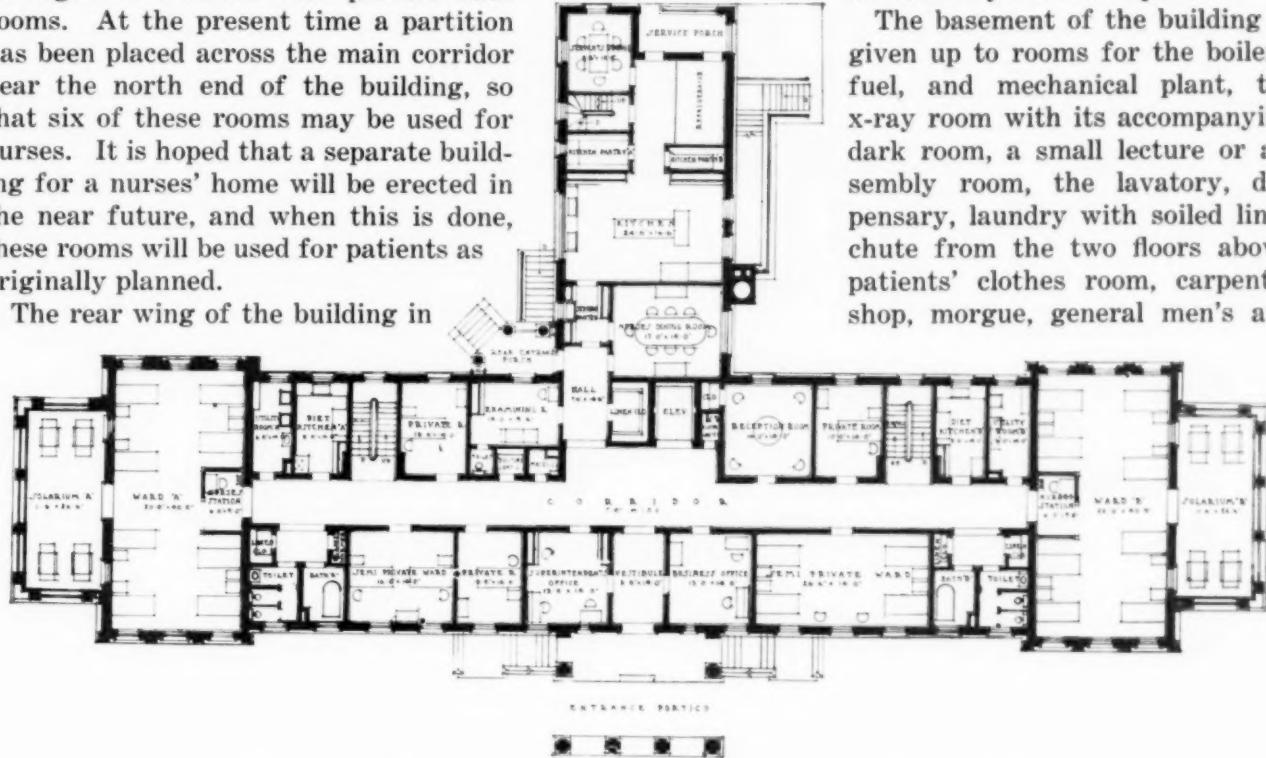


Fig. 3. First floor plan, The Henry W. Putnam Memorial Hospital, Bennington, Vt.

the second story is occupied by the operating suite, separated by a solid partition from the servants' quarters, which have a separate stairway from the first story. The operating suite consists of the operating room, the etherizing room, the sterilizing room, the surgeon's dressing room, and the nurses' dressing room. These rooms are fitted with the necessary plumbing fixtures, cases, lockers, etc., and there is a shower bath and toilet provided in the surgeon's dressing room. Especial study has been devoted to the lighting of the operating room, there being a large fixed studio window on the north side and two ordinary double-hung

women's toilets, quarters for the engineer and his helper, and large unused and well-lighted spaces which may in the future be planned in detail for the growing needs of the institution.

The present capacity of the hospital will be 30 beds, the north end of the second story being used for the nurses' rooms; after the separate building has been erected for the nurses the capacity will be 35 beds. The building is planned and constructed so that a second story may be added over the present wards, making a possible future capacity of 51 beds. If at some future time even this number is found to be insufficient, the wards may

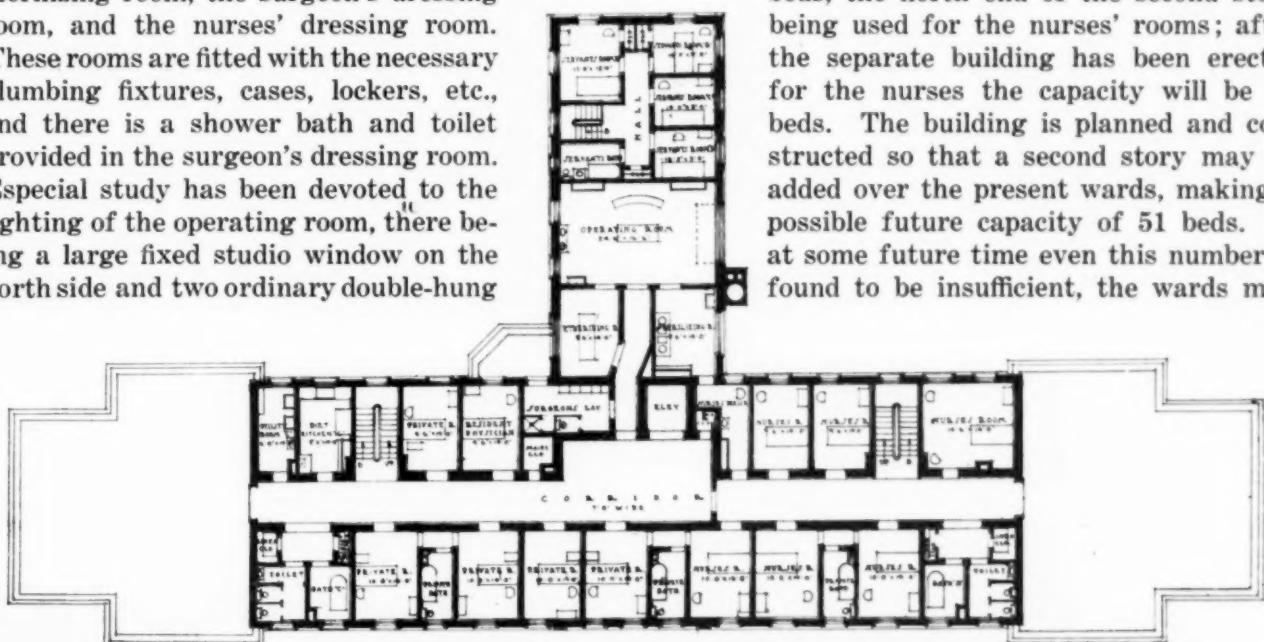


Fig. 4. Second floor plan, The Henry W. Putnam Memorial Hospital, Bennington, Vt.

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be extended to the west, four beds being added in each of the four wards, thus making a total of 67 beds, which is probably more than the community will need for many years to come.

The exterior of the building has been designed in a simple modified colonial style; a brownish red rough-face brick, with white marble and white wood trimmings, and a green slate roof have been used. The general construction of the building is fireproof in every respect, the floors being of reinforced concrete, the exterior walls of hard-burned hollow terra cotta blocks veneered with face brick, and the partitions of gypsum blocks. All of the baths, toilet rooms, utility rooms, diet

kitchens, and rooms of the operating suite have high white tile wainscoting, and the floors throughout the entire building are of composition. The doors are all flush panel doors, the cases specially designed with round corners, and all plaster and tile corners are rounded throughout the building. The building will be heated by low-pressure steam, a vacuum system being used. High-pressure steam will be supplied in all diet kitchens, utility rooms, and in the operating suite, for cooking and sterilizing purposes. The total cost of the building, including the architect's fees, is approximately \$100,000, which is about 35 cents a cubic foot.

THE INSTITUTIONAL CARE OF THE AGED*

General Neglect of the Subject—Scientific and Practical Aspects—Importance of Utilizing the Economic Possibilities of the Aged in Institutions

By I. L. NASCHER, M. D., NEW YORK, EDITOR OF THE DEPARTMENTS OF GERIATRICS, "INTERSTATE MEDICAL JOURNAL" AND "MEDICAL REVIEW OF REVIEWS;" CHIEF OF CLINIC, DEPARTMENT OF INTERNAL MEDICINE, MOUNT SINAI HOSPITAL DISPENSARY, NEW YORK

THERE is probably no class of dependents whose welfare has been more completely neglected, who have received less scientific study and care, than the aged. The child dependent has the world for its guardian; the aged dependent is disowned by his own. There are scores of works dealing with the child in the home and in institutions; until recently there was not a single work considering the institutional care of the aged, not a journal of any kind sufficiently interested in the welfare of the aged to devote special space to this subject.

So completely has the welfare of the aged as a scientific study been ignored that today there is not a home for the aged, so far as I know, in which the vital problem of the proper feeding of the aged is understood or even considered. As a rule their dietaries are arranged either haphazard on the guiding principle to get the most food for the least cost, or else the dietaries are based upon the dietaries of institutions of a different character. Yet it has been found that the aged require only about half of the amount of food, calculated in calories or food energy, that young, active individuals require and the proportions of the three classes of food are different. The aged require less than half of the protein class, the tissue-forming food such as meat, cheese, and white of egg. They require about half the amount of carbohydrates or energy-producing food. The principal foods of this class are the starchy foods and sugar. Of fat, the heat-producing food, they require almost as much as in earlier life. When the teeth fall out,

food which must be masticated must either be omitted or else so prepared that it can be swallowed and digested without difficulty. The principal article of food that must be masticated is meat; almost all other foods can be crushed between the gums or between the tongue and hard palate, or can be brought into a semiliquid form. If meat is given at all after the teeth fall out it must be thoroughly boiled and chopped fine. There are physiological reasons why food should be in a liquid or mushy state when swallowed and why vegetables that contain a large amount of cellulose or woody fiber should be used. The principal foods of this character are beets, carrots, onions, turnips, cabbage, the greens, like spinach, lettuce, kale sprouts, etc.

Tea constipates and is therefore objectionable, as most aged persons suffer from constipation. Milk, the most healthful of all foods, contains a comparatively large amount of lime. In the young, lime is required for bone growth, but in old age the body retains the lime that is taken in excess of the body requirements, and it deposits the lime in the joints, making them stiff and hard, in the arteries producing arteriosclerosis, and in other situations causing other disease conditions. Milk can be used in small quantities, but as a beverage buttermilk is better. The only material difference between milk and buttermilk is in the fat content, milk containing 4.5 percent fat, while buttermilk contains only 0.5 percent; but buttermilk contains less lime. If time permitted we could in this way take up one food after another and show how we can apply scientific feeding to the aged, especially in institutions, and how the

*Read at the National Conference of Charities and Corrections, Pittsburgh, June 7, 1917.

present haphazard mode of feeding is wrong, injurious, and wasteful.

Let us consider for a moment what the problems are that we have to deal with in the institutional care of the aged. They are, from the sentimental standpoint, to make the inmates happy; from the broad, humanitarian standpoint, to keep them healthy and prolong their lives; from the practical, economic standpoint, to lessen the burden that they impose upon the community, by utilizing their economic possibilities and diminishing the cost of their maintenance. These problems are interrelated, and each must be considered in its relation to the others. Yet we find institutions in which only the economic side is considered without regard for the health and happiness of the inmates—where the measures taken to secure the happiness of the inmates are detrimental to health and the question of cost is disregarded.

The most important of the problems, and the one which has received the least consideration, is the utilization of the economic possibilities of the aged in institutions. While this is primarily an economic problem, it affects vitally the health and happiness of the inmates. In the New York City Farms Colony, which is a branch of the New York City Homes for the Aged and Infirm, there are about a thousand inmates, male and female. Every one of these inmates except those in the infirmary is employed at some useful occupation. The cobblers are in the shoeshop mending shoes and the tailors are in the tailorshop repairing clothing; the printers work in the printing office and the painters do the painting about the institution. Those having no trades work on the farm or in shops where skilled labor is not required, and those least capable do light work, such as setting the table and removing the dishes, or are employed as doorkeepers, gatekeepers, messengers, etc. They are urged, but not compelled, to work, and so thoroughly systematized is the work that almost all the labor about the institution, including the erection of buildings, is done by inmates. The practical results are: (1) the cost of maintenance is extremely low; (2) the inmates being employed, their minds are occupied with their work and not on regretful retrospection or gloomy forebodings; they are happy, since they feel that they are contributing toward their support and are not useless paupers; (3) being employed, they do not suffer from certain ailments that are due to inactivity and mental depression. We see in this institution how the three problems, the sentimental, the humanitarian, and the economic, are interrelated, and the solution of the one solves the other two.

Not far from the City Farms Colony is another

home for the aged, one of the richest and most beautifully equipped institutions of the kind in the country. The inmates, most of whom are accustomed to hotel life, have there all the comforts of a good family hotel, midst ideal country surroundings. The organization maintaining this institution has abundant funds and there is no need to practice strict economy; indeed, each inmate receives a couple of dollars a month for incidental expenses. Kind friends throughout the country do what they can to make the inmates, or guests as they are called, happy and contented. Yet these old people, who have made thousands, perhaps millions, of others happy, are not happy themselves. They are grateful for the freedom from worry and care, and for a short time after their admission they are happy in their new surroundings. After a while the novelty wears off, the inactivity and sameness become monotonous. They have nothing to do but think and wait, as one inmate said; wait for the time when the good Lord would take them.

I have heard similar expressions in other institutions. An inmate of a public almshouse, looking wistfully across the river where he could see men working and children playing, said, "Give me something to do, to keep my mind off myself and death." A relative who had been in a private home for the aged had the same complaint. "I do nothing all day but sit and think, think of my wasted past and of the dismal future. If I had something to do to keep my mind occupied, I would be satisfied."

Give them something to do to keep their minds occupied. In institutions where economy must be practiced and expenses must be kept down, give them work which they can do and which is now being done by paid employees. Or give them productive work which can be disposed of for the benefit of the institution. In large institutions where there are many inmates representing many vocations, the work can be so systematized that all may be usefully employed and each one contribute some service which will lessen the expenses of the institution. It may be necessary to urge some to work, but most of the inmates will work willingly, if only to show that they are still able to earn something, that they still possess self-respect and they do not want to be looked upon as worthless paupers.

Systematic employment can be introduced in all classes of institutions for the aged, the nature of the work depending upon the character of the institution and the inmates, their mental and physical ability, and the facilities possessed by the institution for giving suitable employment to the inmates. In public institutions where economy

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must be practiced, the primary object should be to stop leaks in the expense account by replacing paid employees. In other institutions inmates can either help in or about the institution or be engaged upon the manufacture of articles requiring little physical strength, and which can be disposed of for the benefit of the institution or themselves. Even in the richly endowed homes work can be provided which will be interesting and profitable. The ultimate benefit will be better health and greater happiness of the inmates beside a lessening of the burden of their support.

An important factor in utilizing the working capacity of the inmates of institutions is the improvement of the vision through proper glasses. A very large proportion of aged persons need glasses, yet I have been told by inmates of homes that though they had defective vision their eyes were never examined, they had no glasses, and consequently they had not been able to read a book in years. This could easily be remedied at but little expense.

The keynote of the treatment of aged persons is mental stimulation, to overcome the mental depression natural to the aged, especially those who are dependent upon others for their support. This mental stimulation may be brought about through recreation or amusements, or through arousing an interest in the affairs of the day, or in agreeable work, or in a hobby, or in self or another, or in the institution itself. I saw this well exemplified in a home for aged pensioners near Vienna which I visited a few years ago. The inmates were proud of their institution, and my guide took pains to show me how they helped each other to keep their dormitories, dining rooms and other rooms, halls, and walks clean and neat. They were proud of the appearance of the shops and of the skill of the inmates who worked there. The men took pride in their appearance, and before going out they washed themselves and brushed their clothes, hats, and shoes. They had a band and an orchestra composed of inmates who gave occasional performances and always had appreciative audiences. Provision was made for their recreation; there was a well-stocked library, and a canteen was established for them on the grounds. The canteen was maintained from the proceeds of knick-knacks made by the inmates, of concerts by the band, contributions from visitors and a slight profit on the sale of things supplied by the canteen, all of which went into a common fund. Similar provision for the recreation of inmates could be made in all homes for the aged at but little cost.

Nothing will stimulate pride in appearance and an interest in life as much as association with the opposite sex, and this applies to both sexes. There

have been cases of improprieties in institutions where the sexes were not segregated, but these are so rare that this cause for segregation may be disregarded when we consider the benefits to be derived from the association of the sexes. It is a cruel hardship to separate old couples, especially when they are housed in the same building. I know a couple in an almshouse who had no opportunity to speak to each other for a year after they entered the institution, and they could see each other only from a distance at church services. The superintendent was persuaded to waive the rules and permit these old people to meet occasionally. The aged should, however, be segregated from the able-bodied lazy individuals; also from cripples and especially from the insane. There are many factors connected with the housing and the construction of the buildings that influence the health, happiness and comfort of the inmates. There is no uniformity in the housing of the aged, even in the same class of institutions. In public institutions there are usually large dormitories; some have separate rooms holding from four to six, some have dormitories for men and small rooms for women. In some there are large dormitories, but married couples occupy cottages, each couple having one large room. This is not the most economical, but it is the most satisfactory and humane method of keeping old couples together. Private institutions generally have rooms holding from one to six beds, but some have large dormitories. Where there are many inmates the cottage system requires much more ground, the initial cost is greater, the cost of maintenance is more, and the administration is more difficult than where all the inmates are housed in one or two buildings. It is, however, the ideal method of housing couples who can find in their own room a semblance of home, and for small institutions which are not bound down by rigid economy and can afford to give each inmate a separate room.

Custom, convenience, and civic pride favor the erection of large homes in the heart of the city, where they can be shown as monuments of the city's generosity. Such a situation disregards the fundamental problems in the institutional care of the aged; their health, their happiness and the cost of their maintenance. I regret that the time at my disposal does not permit me to discuss this factor in the welfare of the aged at length. I have found many faults in the construction of the buildings for housing the aged. Architects and builders do not take into consideration the many ailments of the aged, and this oversight is responsible for much distress among the inmates. Aged persons generally suffer from shortness of breath and many have heart disease. If there is no ele-

vator in the building, dining rooms, dormitories, sleeping rooms, and toilets should be so placed that these sufferers will not be obliged to climb two or three flights of stairs to reach their beds or the toilet. Owing to the frequency of bowel, kidney, and bladder diseases among the aged and the urgency of the use of the toilet in such cases there should be toilets on each floor. Insufficient and badly placed toilets form one of the most glaring faults in many institutions.

Another fault in many institutions is poor washing facilities, especially baths. Aged persons generally dread the tub bath, owing to the difficulty in getting in and out of the tub. Stout, weak old women often find it impossible to get out of the tub without assistance. Shower baths, spray baths or specially constructed tubs will obviate this difficulty.

Every institution, however small, should have an infirmary ward and a separate room to which dying patients can be removed. There is nothing more depressing or harrowing to a sick old person than to witness the death struggle of a neighbor.

In winter, beds should be warmed before inmates retire. If there are any who suffer from bronchitis they will begin to cough as soon as they enter a cold bed, and they may keep the whole dormitory awake for hours. Many persons cannot sleep in a cold bed until the heat from their body has warmed the bed sufficiently to make it comfortable. As there is much less radiation of heat from the body of an old person than there is from the body of a young, active person, it takes much longer to warm the bed. Owing to poor circulation old people generally have cold feet and many cannot sleep until their feet are warmed. In one institution the inmates receive woolen bed socks on retiring. In another institution where many of the inmates complained of cold feet, cold beds, and insomnia, the superintendent at my suggestion brought a number of empty mineral water jugs from the cellar. These were filled with hot water and each inmate upon retiring placed a jug in his bed, and when he got into bed he pushed the jug down to the foot of the bed and thus kept his feet warm.

It is not possible within the time limit to take up the many factors that contribute to the health and happiness of inmates of institutions, but I will mention a few things that impressed me in my visits to homes for the aged. In one where the inmates were paired so that each one had a companion, the companion of one had paralysis and the other gradually acquired through unconscious mimicry the dragging step of the paralytic. It was necessary to employ harsh measures before he was cured of the habit. I have seen tremors

and a lisp acquired in the same way. Many old persons have bromidrosis or bad-smelling perspiration. Where many such sufferers congregate they give off a very offensive odor, but persons who are constantly around them become accustomed to the odor and disregard it. To visitors it may be so repulsive that they cannot be near the sufferers, and they lose interest and sympathy for them. Many of the minor ailments of the aged are neglected because they are supposed to be due to old age, and nothing can be done for old age. This is as much the fault of physicians who do not understand senile ailments as of those who have charge of the aged. This, however, is a matter for the medical profession to take up, but there is little likelihood that the medical profession will take up seriously the conservation of the aged unless there is a public demand for it. And before the general public will make such a demand it will be necessary to rouse the public conscience to the realization of its neglect of the aged.

I have only skimmed over my subject, omitting many important features, laying stress only upon the one feature, the utilization of the economic possibilities of the aged in institutions. I hope that I have been able to show that the institutional care of the aged deserves thorough investigation, so that we may be able to correlate and solve the various problems that I have pointed out. There are features in many institutions that can be applied generally to advantage, but at the present time there is no uniformity, no standard, no guide to point out what is best and why. There is no doubt in my mind that a thorough investigation will result in revolutionizing our present methods of caring for the aged. Instead of forcing them into the humiliating, degrading position of being paupers of the almshouse, we will look upon them as we look upon the child in the asylum or the patient in the hospital, as inmates of homes for the aged; we will look upon them with pity instead of scorn, with sympathy instead of indifference. We will learn how to conserve their usefulness so that they will not be so heavy a burden upon the community, and may even become an asset instead of the positive liability that they are at present. In public institutions we will learn how to conserve their happiness by making the institution a home and not a prison. In public and private institutions we will learn how to instill self-respect, arouse hope and stimulate ambition, instead of killing every spark of self-respect, hope, and ambition that the aged dependent may have when he enters his final refuge. In all we will learn how to increase the happiness, promote the health and prolong the lives of those to whom we owe, in gratitude, our best endeavors.

ECONOMY IN THE CUTTING OF SURGICAL DRESSINGS

Importance of Eliminating All Waste by Standardizing Preparation of Dressings—Need for Practical Training of Pupil Nurses and Red Cross Aids—Diagrams Used in Cutting Gauze

BY CATHERINE C. MCGRATH, R. N., CHIEF SURGICAL SUPERVISOR, GRACE HOSPITAL, DETROIT

WAR conditions at the present time lend special interest to the subject of rapid and economical preparation of surgical dressings. It is well known that thousands of women volunteers are making up surgical supplies and dressings under the auspices of the American Red Cross and other organizations, all ultimately destined for use in the Army, Navy or Marine Hospital service.

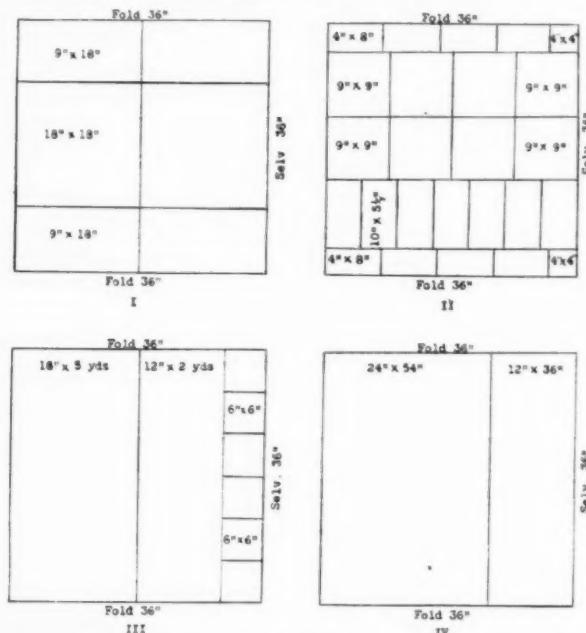
Training in the preparation of cotton surgical supplies and dressings should begin with the pupil nurse, who at the start has little idea of the cost of supplies or the economies of their preparation. It is, therefore, necessary first to present to the pupil nurse a frank statement as to the cost of gauze, cotton and other accessories that enter into common surgical dressings. The pupil should learn that all waste ends and cuttings in the manufacture of dressings have a value, even though that value be represented by clean white rags, which are a marketable commodity.

The next general principle to be taught is to the effect that the cutting of gauze for dressings, compresses, sponges, etc., should be arranged on definite geometrical lines so as to fully avoid waste. The pupil should learn that fanciful dressings and surgeons' hobbies in supplies should be discouraged and that compresses, sponges, bandages and all dressing units should be fully standardized and approved by the entire surgical staff.

A study of the diagrams presented herewith will show that surgical dressings can be prepared from standard bolts of absorbent gauze without the waste of even a fraction of an inch. In a large surgical clinic, the deviation of an inch from the standard would result in the waste of hundreds of thousands of yards of gauze in the course of time. The training of pupil nurses in the preparation of surgical dressings should be wholly practical. Didactic or theoretical teaching has no place in this work.

A special table with a smooth, clean, flat top, slotted for the large gauze knife, is a necessity where surgical supplies are prepared in quantity. The gauze should be purchased in uniform folds from 18 to 36 inches in width and all ravelings removed preparatory to cutting. A standard bolt of absorbent gauze is usually 100 yards in length and folded in 36-inch widths with the selvedge on both sides. The handling of the bolt often causes edges to overlap, and to remedy this the gauze

should be grasped firmly on both sides and shaken down, thus bringing the edges together. The tools necessary for cutting the gauze are a long-bladed gauze knife, such as tailors use, a tape measure, and a large sharp pair of scissors.



Diagrams for the economical cutting of gauze. I, surgical sponges; II, special sponges (mastoid, tonsil, and vaginal sponges, and wicking); III, hernia bandages and filling for cigarette drains; IV, laparotomy towels and abdominal and eye pads.

SURGICAL SPONGES (DIAGRAM I)

The gauze is measured down on the selvedge side 9 inches top and bottom, thus making when unfolded an 18-inch length; the intervening space is also 18 inches. A 36-inch width of the gauze is then cut in the center, and the resultant squares, when properly folded, are termed "surgical sponges." These are made by turning each corner to the center of the square twice and then folding over one-half in each direction, bringing all raw edges on the inside of the square and placing the greater bulk of the gauze at the central point, where it is most needed.

SPECIAL SPONGES (DIAGRAM II)

This is a complex diagram, arranged for the production of special sponges, the top and bottom rows showing squares for "tonsil sponges." The square, 4 by 4 inches, produced at each end of the line provides for the "mastoid sponge." The "tonsil sponge" is made by folding the square of gauze diagonally. Place the first two fingers on

gauze at center, fold left side over fingers toward the right; fold points back over fingers toward the left and then turn the gauze at base so that all points of gauze point toward the top. The points can then be rolled down half way and the gauze turned over at base, forming a cap. The 9- by 9-inch squares in this diagram produce what are known as the "V" sponges or No. 10 sponges used principally on forceps for vaginal work, and put up ten in a package. These are made by folding down one inch at the top, then fold left side over one-third and fold the right side over so that the raw edge comes inside the limits of the folded left side. Fold lower edge into the folded opening at the top. The remaining 10- by $5\frac{1}{2}$ -inch segments are used for wicking, for packing or drainage in the usual manner by turning in at the top and bottom so as to eliminate raveled edges, each side being folded in and the folded strip then twisted.

HERNIA BANDAGES (DIAGRAM III)

The segment measuring 18 inches by 5 yards produces what is known as a "hernia bandage." The gauze for the so-called "hernia" bandage is turned in at the top and bottom about half an inch and then folded over one-third from each side and rolled in same manner as a roller bandage. They can be applied the same as a "pelvic spica." The other large segment is 12 inches by 2 yards, and is known as packing rolls after being folded into the requisite widths, which will vary according to the use intended. The 6-inch squares on the margin of this diagram will produce filling for gutta percha cigarette drains, to be used either with or without iodoform emulsion.

LAPAROTOMY TOWELS (DIAGRAM IV)

This shows first the laparotomy towel made by a fold 24 by 54 inches. The width is folded over one-third, having selvedge on top, which edge is also folded in one-half inch. The segment is then sewed around the edges and once through the center and an 8-inch tape securely fastened to one corner. The remaining segment, 12 by 36 inches, can be used as several of the segments illustrated in the previous diagram. This size is suitable for covering of ether masks and can be rewashed and used several times after sterilization. The 36-inch fold of absorbent gauze can be readily used to produce the so-called "abdominal pad" and "eye pads," these pads being filled with absorbent cotton waste to the proper thickness. The "abdominal" pad is usually made 9 inches square. The "eye" pad is made of half thickness of absorbent cotton covered with two layers of gauze on each side and the edges sewed. They can be made to fit the eye.

The use of the above-described diagrams in a large surgical clinic or an open surgical service provides standardized surgical units that will be found acceptable to practically all surgeons. An extended experience with several methods of cutting and preparing surgical dressings warrants the statement that we have found the preparation of units according to these diagrams economical and free from waste.

In conclusion it should be stated that the majority of these surgical units can be systematically washed and used again. It is the practice of this hospital to wash all gauze dressings and bandages and utilize the washed gauze after proper sterilization and culture, for secondary dressings in the surgical department. This has been carried out here for ten years and in many other large hospitals for a like period. It has been demonstrated that washed dressings are softer in texture and more desirable for redressing wounds than unwashed mill gauze.

THE INSTITUTIONAL LIFE OF THE MORON

Industrial Training the Chief Factor in Happiness and Usefulness for This Class—Border-Line Cases Never Become Self-Directing Members of Society

BY R. P. C. WILSON, M. D., Superintendent of the Missouri Colony for Feeble-Minded and Epileptics, Marshall, Mo.

In my experience, industrial training offers a short cut to reclaiming the best attributes of the pupil. It acts as a stimulant to the sluggish mind and is the dominant factor in making the life of the moron happy, contented, and useful in an institutional way. We find that object teaching offers the best results.

Colony Farm Plan.—It may be said that the benefits derived from industrial training apply, in like measure, to those employed upon the farm. This form of employment contributes materially to the health of the patient and promotes his welfare in every respect. We find, also, that the average afflicted boy displays more adeptness for farm work. Each child is proud to know that he materially assists in his own support. Constant supervision is, of course, necessary.

Border-Line Cases.—From our experience, it would not be safe to say that patients of this type may be brought to the standard of normal or made self-sustaining members of society. Certain talents may be developed by special training, to a degree not possible through ordinary methods of instruction in the environment usually surrounding such cases, but, in my opinion, the patient can never be made wholly capable of competing, on equal terms, with his normal fellows, nor should one of this type be expected to contribute to the best interests of society through perpetuation of his or her kind. In many cases the mental age of the epileptic is advanced several years by a reduction of seizures accomplished by treatment not possible in private medical practice, but as this malady is not known to be curable and is considered hereditary, we do not consider it safe to recognize the improved border-line epileptic, regardless of the extent to which his mentality has been advanced, as normal.

THE INSTITUTIONAL CARE OF EPILEPTICS

Colony Method of Care Inaugurated at Bielefeld—Hereditary Basis for the Condition—Institutional Care Necessary in Majority of Cases—Few States Provide

By WILLIAM T. SHANAHAN, MEDICAL SUPERINTENDENT, CRAIG COLONY FOR EPILEPTICS, SONYE, N. Y.

WHILE epilepsy, as such, has been recognized since a remote period in the history of the world, it was not until comparatively recently, so far as authentic records go, that any special effort was made to provide proper care for this afflicted class. In the late sixties the colonization of epileptics was inaugurated at Bielefeld in western Germany. Some years later this principle was carried out in England, and subsequently in the

hood, traumatism to the head at any period in life, etc., is well known. In any individual epileptic, however, a careful study of the history of the patient should be made in order to exclude coincidental incidents which have been assigned causative relationship to the epilepsy. The continued development of the activities of properly trained field investigators will make available in public institutions a broader information of the ancestral and early personal history of patients.

At the present day it is considered that, independent of or associated with gross lesions of the brain, psychogenic, chemotoxic, and endocrinopathic factors are separately or conjointly responsible for the appearance of epilepsy. The disturbance of the functions of the entire gastrointestinal tract, with its consequent probable upset of normal metabolism, is, as a matter of common knowledge, present in the majority of epileptics. But to say that this disturbance alone is the cause of epilepsy and that its removal by surgical interference or otherwise will cure all epileptics is contrary to fact. The influence of the menstrual period or pregnancy in the female epileptic has, in our experience at Craig Colony, been exaggerated. In the average female epileptic there is no material connection between the frequency of seizures and the menstrual period. Some substance, at present unknown, no doubt makes the cerebral



Fig. 1. Executive building, Craig Colony for Epileptics, Sonye, N. Y., in the foreground; in the background, the hospital and laboratory.

United States. At the present time but comparatively few states have made special separate provision for caring for this class of defectives. It is conservatively estimated that in the United States there must be over two hundred thousand epileptics, of whom but a very small fraction are in institutions. In this connection it should be stated that the National Association for the Study of Epilepsy has done much in spreading broadcast information pertaining to epileptics and their need for care and treatment, especially in colonies.

While the exact etiology of the condition is not so well established in some respects as some other disorders known to medicine, there seems no question but that there is a hereditary basis for the condition in the majority of cases, the direct ancestry being tainted with some abnormality of the central nervous system, as the result of which the potential epileptic is born, his symptoms to make their appearance on the addition of some exciting factor, which in itself could not bring forth the epilepsy, unless the epileptic constitution, so-called, was present. The active part played in producing epilepsy by alcohol, syphilis, birth injuries, infectious diseases in infancy and child-



Fig. 2. Part of the group of cottages for female patients, Craig Colony.

cortex oversensitive, perhaps causes or is the result of the upset of the biochemical processes in the essential nerve cells, in consequence of which reactions present as various types of epileptic seizures. To sum up the etiology of epilepsy, it can be said to be very complex, the relationship to other defective states being often very close, and the alleged exciting causes often but coincidental.

Prophylaxis is of great value in preventing the potential epileptic from developing active marked symptoms of the disorder. Not every individual who suffers from a spasmophilia or some other condition producing convulsions during infancy or early childhood will become epileptic. Many

individuals, however, who during early life have convulsions, do because of lack of attention to common-sense rules of living, subsequently develop chronic epilepsy. It should be borne in mind that the central nervous system may be permanently damaged at the time of any convulsion, or the cause of the first convulsion may have permanently damaged the central nervous system previous to the appearance of this initial convulsion.

Regarding the symptoms of epilepsy, the major convulsive seizures commonly termed *grand mal* are ordinarily readily recognized even by laymen,

tine of life, must be placed in institutions. No epileptic should ever use alcohol, as it is a direct excitant of epilepsy.

Excluding those epileptic children who are markedly impaired mentally, it is possible to educate the epileptic child to quite a satisfactory degree, not only in the lower scholastic branches, but especially in manual work. Patience, tact and the ability to recognize psychic conditions in epileptics are of fundamental importance before teachers can obtain desired results.

The prognosis, so far as permanent cure in the epileptic is concerned, cannot be made with the positive assertion possible in many other disorders. The epileptic constitution or predisposition still remains, although the actual symptoms may disappear. Therefore it is possible, if the method of life outlined is not consistently followed, to have a recurrence of symptoms. Many of the patients admitted to the institutions for the care of epileptics have not had properly placed before them, previous to admission, their real condition, and in consequence fail to cooperate in their treatment. Those epileptics of higher mentality in whom it is possible to develop an insight into their condition offer a most satisfactory class in whom to obtain beneficial results. Hygiene, in-



Fig. 3. Bird's-eye view of some cottages for male patients, Craig Colony.

but the *petit mal* seizures, the automatic periods, the brief psychic upsets and similar phenomena of epilepsy are too often overlooked for long periods of time so that progressive development of epilepsy is not perceived at a time when the proper relief might be afforded. Interference with consciousness, either partial or complete, is the essential characteristic of epileptic seizures. Because of their disorder, the great majority of epileptics, their mental condition being not too much below normal, are sooner or later barred from remunerative employment. In the home many epileptics are a constant source of anxiety and furthermore to be properly cared for necessitates perhaps a possible wage-earner of the family remaining from service elsewhere to look after this defective member.

While medication directed toward the restoration, so far as possible, to a normal physical condition is plainly indicated, the indiscriminate use of various sedatives, especially bromids, is to be avoided. The free administration of alleged "cures" consisting principally of bromids, has done untold harm to great numbers of epileptics.

The epileptic to be benefited must follow up a reasonably strict way of living, the acquisition of habits of personal discipline and self-control being essential. While some epileptics may, in the outside world, be able to accomplish such a way of living, the majority, in order to secure such a rou-



Fig. 4. General Assembly on Annual Field Day, Craig Colony.

cluding a reasonable regulation of diet, bathing, recreation, etc., satisfactory occupation to insure healthy fatigue and the proper functioning of the body as a whole, keeping alive interests to hold in abeyance or prevent mental deterioration, the allowing of such liberties as are consistent with the disorder, a minimum of medication, surgical intervention when such can be definitely proved as necessary, continued effort to prevent psychic upsets because of environmental stress—each and all of these are to be utilized in carrying out the successful treatment of epilepsy. Individual treatment, long continued, is demanded in epilepsy if even partial success in treatment is to be attained.

STATE CARE FOR THE FEEBLE-MINDED

**Segregation the All-Important Preventive Measure—A State, Not a Local Problem—
Colony Care for All Classes of Feeble-Minded and Epileptic a Real
Economy—Requirements as to Location for a Colony**

BY J. M. MURDOCH, M. D., SUPERINTENDENT OF THE STATE INSTITUTION FOR FEEBLE-MINDED OF WESTERN PENNSYLVANIA, POLK, PA.

IN the study and care of the feeble-minded we have entered upon a new era. We talk less of pathology and therapeutics and physiological training and industrial occupations for the feeble-minded, and more of eugenics, heredity, segregation, and sterilization; not so much of the individual, but more of the larger problem, the group; of prevention—and, in our zeal to push forward to the goal, sometimes of extinction. How convincingly the advocates of certain schemes prophesy as to the wonderful results to be accomplished by their plan is evidenced by the remark made to me a few days ago by a well-educated man who asked to what use we will put institutions for the feeble-minded when restricted marriage laws and laws for the sterilization of the unfit are generally adopted.

I would advise those who have the practical care of the feeble-minded in hand to stick closely to the bedrock of facts we know, and insist upon segregation as the one and all-important method of dealing with the feeble-minded. We know there are more feeble-minded than can be cared for in our institutions. We know that feeble-mindedness is an hereditary defect, and we know that the segregation of the feeble-minded in appropriate institutions or colonies prevents the propagation of feeble-minded children, at least by those who are segregated. We believe that feeble-mindedness is the basic social problem, responsible to a large degree for poverty, alcoholism, prostitution, and all sorts of crime. We know that the cost of caring for the feeble-minded in hospitals and asylums, in jails and prisons and county homes, is greater than would be the cost of their care in appropriate institutions. We know that the value of property destroyed by the crimes they commit would go a long way toward the construction of appropriate institutions. We must get away from the idea, and get the public away from the idea, that our institutions for the feeble-minded are institutions simply for the training of feeble-minded children. The care of the feeble-minded, as in the case of the insane, is a problem for the state, not the city or county. The good to be accomplished by the segregation of an able-bodied feeble-minded woman is too remote to appeal to the short-sighted local guardian of the poor, who is too interested in keeping down the

tax rate in his district during his term of office and too accessible to the family and friends of the one who should be segregated.

The problem of caring for the feeble-minded today is in somewhat the same position as was the problem of caring for the insane half a century ago. The number of feeble-minded is about the same as that of the insane, and, though their segregation is possibly less imperative, it is in the light of eugenics as important, and the cost of provision for their care and for their maintenance is very much less.

Rather than have separate institutions for children and adults, or for men or women or boys or girls, I am of the opinion that large colonies to provide for all classes should be established by the state. There are many advantages in having an institution or colony in which all classes of the feeble-minded are cared for. A large proportion of the feeble-minded children under 16 years of age are extremely helpless. The adult feeble-minded women, as a rule, under direction, make the best possible nurses for these helpless little ones, whom they tenderly mother and watch over with a love and devotion greater than it is possible to obtain from paid employees. The adult feeble-minded woman can be utilized to advantage in the laundry, sewing room, and in the domestic duties throughout the colony. The presence of children relieves the institution of monotony, which makes the institution more homelike and brings about contentment. The adult feeble-minded men are usefully employed on the farm, in the garden, shops and occupations incidental to colony life. The school with its music and entertainments is the center of institution activity. In an institution where all classes of the feeble-minded are cared for, it is frequently found advisable to transfer patients from one department to another on account of improvement or deterioration, mental or physical. Such transfer can be easily made without formality or expense when the different departments are under a single management. Furthermore, I see no objection to caring for the feeble-minded and epileptic in the same institution. The needs of the epileptic and feeble-minded are similar, and all epileptics who will be cared for in a colony are more or less mentally deficient.

The advantage of the colony over separate in-

stitutions for various classes is summed up in the report of a committee of the Thirty-fourth National Conference of Charities and Correction as follows:

"The distinction of classes is imperative. The requirements, however, are best met under the same local management by suitable separation in space, variety of buildings and equipment, and judicious grouping. Under the same management, however, the classification may be complete. The continuity of their treatment and records is preserved. The hopeful and progressive spirit of the school counteracts the tendency to condone the lowering of standards in the custodial departments."

That splendid institution Letchworth Village, in the state of New York, may well be taken as an example of the most modern type of institution for the care of the feeble-minded, and I would call your attention to the admirable reports of its superintendent, Dr. Little, the trustees, and the committee under whose direction this noteworthy institution was established. New York, after its experience with separate institutions for special classes, in this, its newest institution, is providing one in which all classes of the feeble-minded and epileptic, with the possible exception of the moral imbecile or defective delinquent, will be admitted and classified within the institution.

A state colony for the feeble-minded should be planned to provide for between two and three thousand. The location should be far from any large city, and rather isolated. It is not necessary to locate an institution where farm land commands a high price. A large tract of from three to four thousand acres, a part of which is woodland, should be provided. Railroad communication for passengers and freight with advantages for side track to the institution grounds is imperative. It must be borne in mind that, to admit of the proper classification, such a colony will need more land than would an institution which provides for only one class of defectives.

There is a comparatively small group of the feeble-minded who have been designated by Dr. Fernald as "defective delinquents," for whom possibly a separate institution should be provided, at least in our large states. This institution should bear the same relationship to the colony for the feeble-minded that the hospital for criminal insane bears to other hospitals for the insane. Defective delinquents, as a rule, do not come under observation until habituated to vicious practices, and require a closer supervision and more rigorous discipline than can well be carried out in the colony for the feeble-minded.

In our effort to relieve the state of its terrible burden of feeble-mindedness, let us not become faint-hearted by a contemplation of the large ex-

penditure necessary to put in effect the only means which offers a practical solution of the question, that is, the establishment by the state of institutions or colonies for the care of all the feeble-minded who cannot be properly cared for and safeguarded in their homes. Most of the states are now doing this for their insane, and, if the public, and particularly those who control the fiscal policy of the state, understood the importance of segregation of the feeble-minded, there would be no question about raising the money. Think of the money the state spends for other less urgent projects! One state, for example, spends upward of one hundred million dollars for canals; my own state contemplates spending fifty million dollars for roads. One-tenth of this sum would amply provide for all the feeble-minded at large in the state. It is not a question of the cost, but of presenting the facts to the people, and especially to our legislators, in order that they may appreciate the importance of segregation and the fact that it is the one and only method of coping with the problem.

Restricted marriage laws are no doubt advisable, but, as suggested by Hastings Hart, restricted marriage laws are unavailing because the unfit reproduce their kind regardless of marriage laws. Sterilization is at best a partial remedy, but is restricted in application by public sentiment. Legislation whereby institutions for the feeble-minded may hold their inmates regardless of the wish of the parents are of no avail unless we have ample accommodations for all of the feeble-minded who cannot be cared for and safeguarded in their homes.

My program for coping with the burden of the feeble-minded is a simple one: First, have the state provide colonies for all the feeble-minded who cannot be properly cared for in their homes, and then pass a law providing that any person who is feeble-minded may be committed to the colony as the insane are committed to institutions, and not released except by permission of some properly constituted authority.

A nurse working among the Russian refugees writes: "The snow here is very wonderful but monotonous, and the people are simple and primitive. The Russians make admirable patients, and are quite affectionate. They are easily pleased; some regard a clinical thermometer with awe, they never break them. One old man with an injury to his right ribs amused me by asking that the thermometer might be put under his injured arm; the other arm was all right, and it was not necessary to put the thermometer there. I humored him, and he assured me the pain was better after."—*Nursing Times*.

THE SONOMA STATE HOME FOR FEEBLE-MINDED AND EPILEPTICS

Industrial Training Successful With Both Boys and Girls—Tailoring, Shoemaking, Laundry Work, Dairying, and Plain Sewing Among the Industries Carried On—Institutional Care or Sterilization Important for Defectives

BY WILLIAM J. G. DAWSON, M. D., MEDICAL SUPERINTENDENT, ELDRIDGE, CAL.

THE Sonoma State Home, for the care and training of feeble-minded and epileptics who are not insane, was established at Santa Clara, Cal., in 1887, and moved to Eldridge, Cal., in 1893. We have about 1,670 acres of land.

Our institution has grown steadily until now we have 1,238 inmates. Included in this number are 320 epileptics.

The classification according to mental age of the number who have been tested by the Binet-Simon test is as follows:

Idiots	321
Imbeciles	573
Morons	283
Border-line	5
Normal	14 1,196

We have a school department consisting of ten teachers, with an educational director, who is also the psychologist, at the head. They are divided as follows: one teacher for kindergarten, one for grade, one for plain sewing (girls), one for tailoring (boys), one for music, one for band, one for gymnastics (boys), and one for recreation (girls). The children capable of being taught from books are sent to the kindergarten and grade departments.

In the manual training (sloyd) department some of our boys are doing very well. The boy, of course, must be interested in the work to profit by the training. This training will prepare the boys to work with the carpenters later. The boys in the tailoring department do well with simple sewing. This department has not been in operation long enough to prove how successful it will be.

The girls in plain and fancy sewing do exceedingly well. Since they are naturally inclined to these occupations, the training has been successful.

Our shoe shop, in charge of a paid shoemaker, is small and gives room for only a limited number of boys, but they do the entire mending of shoes for the home and put soles on bought uppers.

The boys in the laundry, the girls in the ironing room—in fact, all those doing industrial work—are making progress and are kept happy by their occupations. We find it necessary in some instances to change their occupations from time to time in order to keep them satisfied and contented. Each child needs careful observation and

study to find out what work he or she is best adapted to.

We have not developed a farm colony plan. A few of our boys work on the farm and do good work; others work at the dairy; others with the poultry, while still others work in the vegetable garden, etc., all under the guidance more or less of paid help.

A few patients have gone out into the world, who have in a measure taken their places as self-supporting citizens, but the percentage is very small.

As will be seen from our classification, we have but few border-line cases, and those who have tested normal are either epileptics or probably psychopaths. The feeble-minded and epileptics should have institutional care so that they cannot propagate their kind. Sterilization has not been carried out to any great extent in this home. We do not feel that it is important for the patients who will probably remain here for life, but for those who will go out in the world again it is most important.

There is not much in a medical way to do for the mentally defective class, except to give them proper medical care and treatment when they are sick. Tonsils and adenoids have been removed in 123 cases, and, while the mental improvement may be very small, the general health has certainly been benefited by these operations.

Every patient admitted to this home is vaccinated and also has a blood test made. Positive Wassermann reactions are found in about 5 percent of the population. In most of the positive cases the patients have received treatment, and as a result the greater number have remained negative for several years.

Most of our cases are custodial, and we try to make this a home with all that the name implies. Our aim is to make our inmates happy and contented—to make them feel that life in an institution is equal, if not superior, to life out in the world. The higher-grade girls and boys are the problems, as they are at times inclined to become discontented with institution life. This is probably true of all institutions of this kind in any part of the world—the higher the grade of mentality the more difficult it is to make the individual contented with his lot.

FLAVORING EXTRACTS, THEIR CHARACTER AND COMPOSITION

Official Standards for the More Important Flavoring Extracts—Adulterations Usually Affect Quality Rather Than Healthfulness—Analyses of Various Commercial Brands Found on the Market

BY JOHN PHILLIPS STREET, CHEMIST CONNECTICUT AGRICULTURAL STATION, NEW HAVEN, CONN.

THE U. S. standards define a flavoring extract as "a solution in ethyl alcohol of proper strength of the sapid and odorous principles derived from an aromatic plant, or parts of the plant, with or without its coloring matter, and conforms in name to the plant used in its preparation."

Flavoring extracts are practically devoid of food value, yet it cannot be denied that their use greatly increases the palatability and attractiveness of a host of food products. The role they play in giving character and pleasant flavor to otherwise flavorless or insipid foods is an important one and renders them a by no means negligible factor in the preparation of dietaries.

Thousands of analyses of these preparations have been made since pure-food laws went into effect, and these analyses have emphasized the fact that the adulterator has been most active in manipulating these extracts. In rare cases injurious adulterants have been found, such as wood alcohol in lemon extract, or hydrocyanic acid in almond extract. Artificial colors have been and are widely used, and with certain types of extracts synthetic flavors have been the rule rather than the exception. Generally speaking, however, the adulterations have been those which affected the quality rather than the healthfulness of the extract. Common adulterations of this type are deficiencies in essential oil, the use of weak alcohol, the use of glycerin or sugar to give fictitious body to the extract, and the use of caramel in vanilla extract and turmeric or coal-tar colors in lemon and orange extracts to give an appearance of superior quality. Certain fruits, such as strawberries, raspberries, pineapples, and bananas, do not readily yield their flavoring principles to extractive processes, and until quite recently nearly all of the flavoring extracts bearing the names of these fruits have been of a synthetic character. In the last few years extracts of this type have appeared on the market in which the true fruit flavor was used, but the success and popularity of the process has yet to be demonstrated.

The U. S. authorities have formulated certain standards of composition for the more important extracts, and in general these have also been adopted by the various states. The average consumer has little knowledge as to the proper strength of a standard extract, and, as the labels

on extract bottles are often purposely misleading and deceptive, it is important that the general public should possess this knowledge for its own protection. According to the regulations of many food authorities, a substandard article may be sold if the deviation from standard is stated on the label. Such information, however, often is of little use to the purchaser because of his ignorance of the proper strength of a good extract. For instance, a lemon extract bearing the label "Contains 3 percent of lemon oil," gives no warning to the consumer that the article in question is substandard unless he knows that true lemon extract contains 5 percent of lemon oil; with this knowledge the label would tell him at once that he was receiving a preparation of only three-fifths standard strength.

The following are the standards now in effect for the more important flavoring extracts, the minimum percentage of oil or flavoring principle alone being given:

Almond extract: One percent of oil of bitter almonds.

Anise extract: Three percent of oil of anise.

Celery extract: Three-tenths percent of oil of celery seed.

Cassia extract: Two percent of oil of cassia.

Cinnamon extract: Two percent of oil of cinnamon.

Clove extract: Two percent of oil of cloves.

Ginger extract: Each hundred cubic centimeters contains the alcohol-soluble matters from not less than 20 gm. of ginger.

Lemon extract: Five percent of oil of lemon.

Terpeneless extract of lemon: Two-tenths percent of citral from oil of lemon.

Nutmeg extract: Two percent of oil of nutmeg.

Orange extract: Five percent of oil of orange.

Peppermint extract: Three percent of oil of peppermint.

Rose extract: Four-tenths percent of attar of roses.

Savory extract: Thirty-five hundredths percent of oil of savory.

Spearmint extract: Three percent of oil of spearmint.

Sweet basil extract: One-tenth percent of oil of sweet basil.

Tonka extract: One-tenth percent of coumarin from the tonka bean.

Vanilla extract: Each hundred cubic centimeters contains the soluble matters from not less than 10 gm. of vanilla bean.

Wintergreen extract: Three percent of oil of wintergreen.

VANILLA EXTRACT

Of the above named extracts vanilla and lemon are by far the most important, judged by the extent of their use. Both of these types of extract

have been much adulterated in the past and are so even today, except that now as a rule they are more honestly labeled. Coumarin, the flavoring principle of the tonka bean, bears a close resemblance in flavor to the vanillin of the vanilla bean, lacking, however, some of the latter's delicacy and aroma. Moreover, with the vanillin are associated other resins in the vanilla bean which are not without value in the finished extract. On the other hand, those manufacturers who use tonka bean in their extract maintain that the flavor cooks out less from such an extract than from one made from the vanilla bean, and there is some justice in this contention. Until a few years ago there was a great disparity in the prices of tonka beans and the best vanilla beans, and accordingly there was a strong temptation for the manufacturer to use the cheaper product. Today this difference in price is less striking; in fact, tonka beans are more expensive than certain varieties of vanilla beans. Nevertheless, the consumer who wishes a pure vanilla extract has a right to expect that only vanilla bean has been used, and the regulations require the presence of tonka to be stated, whether it improves the extract or not.

In this connection it is well to call attention to the fact that the different varieties of vanilla bean show wide differences in quality and flavor. Accordingly, a vanilla extract may be made from genuine vanilla beans and yet be a very poor, but pure, vanilla extract. For this reason the ordinary chemical analysis of this product may be quite misleading, as some of the best vanilla extracts—best from the point of view of quality—contain much less vanillin than others of inferior quality. Furthermore, a synthetic vanillin, which of course was never associated with a vanilla bean, may have been used. This synthetic vanillin is chemically identical with the natural vanillin, but in the extract it is not associated with the other resins referred to above. Many analyses have shown that in a genuine vanilla extract the vanillin rarely exceeds 0.30 or 0.35 percent. Percentages much higher than these generally indicate the use of the artificial vanillin, and do not show superiority, as one might be led to believe from the analysis.

While, as has been pointed out above, a chemical analysis alone may be misleading as to the quality of a vanilla extract, the following table shows typical analyses of this extract made in my laboratory. The extracts classed as pure are all genuine extracts, varying, of course, in delicacy and aroma. The lower percentages of vanillin in certain brands by no means indicate inferior quality. The extracts classed as compound are either mixtures of tonka bean and vanilla bean

extracts, or mixtures of synthetic vanillin and tonka bean extract, or even mixtures of synthetic vanillin and synthetic coumarin. In a number of instances it will be seen that the percentage of vanillin in these is far greater than that found in the pure extracts. This indicates the use of the synthetic vanillin and in no way betokens superior quality. This point must be emphasized in order that the consumer may not be confused by the rather misleading evidence of simple chemical analysis.

TABLE I. VANILLA EXTRACTS

Brand	Alcohol by vol.	Vanillin*, percent	Brand	Alcohol by vol.	Vanillin, percent	Coumarin, percent
PURE						
Baker's	25.86	0.17	Arcadian	?	0.31	0.09
Burnett's	25.13	0.23	Atwood's	?	0.50	0.05
Burton's	?	0.23	Boston	?	0.58	0.12
Colgate's	?	0.21	Clinton's	15.06	0.05	0.11
Foss'	33.16	0.19	Delmonico	30.27	0.06	0.05
Globe	24.61	0.24	Doyle's	?	0.60	0.10
Mayflower	?	0.22	Forest City.....	7.53	0.06	0.23
Monarch	?	0.25	French's	24.75	0.06	0.04
Price's	32.79	0.10	Lanman's	13.59	0.40	0.10
Republic	?	0.25	O. K.	?	0.12	0.12
Royal Scarlet..	?	0.18	Sovereign	?	0.87	0.09
Sage's	25.21	0.18	Walsh's	17.32	0.68	0.15
Sauer's	?	0.28				
Van Duzer's...	?	0.27				
Van Dyk's....	?	0.19				
Williams'	20.50	0.22				
Worth's	22.49	0.17				

*No coumarine present.

LEMON EXTRACT

With lemon extract there is also an important point to keep in mind. Lemon oil consists of about 95 percent of terpenes and 5 percent of the aldehyd citral. These terpenes are soluble only in fairly strong alcohol, while the citral is soluble in quite dilute alcohol. If, therefore, a quantity of lemon oil is agitated with weak alcohol, only a small part of its substance will be extracted by the solvent, the terpenes, the body of the oil, remaining almost unaffected by the dilute alcohol. Such a method of preparation gives us the so-called "terpeneless" extracts, which have the smell of a lemon extract without its body and quality. As, under normal conditions, the alcohol is the most expensive ingredient in a lemon extract, the temptation to the manufacturer to use the weaker alcohol is a strong one, and accordingly our markets are flooded with these terpeneless, attenuated extracts. The consumer should remember that the word "terpeneless" on the label of these extracts is the warning the law affords to protect him from these inferior preparations.

Table II gives analyses of typical lemon extracts made in my laboratory. The range in composition of the genuine extracts is quite wide, namely, from 5.10 to 10.95 percent of lemon oil. The alcohol percentages likewise are extremely

variable, and it is obvious that some manufacturers use stronger alcohol than is necessary, and actually waste considerable of this expensive ingredient. Seventy-five percent alcohol apparently is sufficient to keep even 10 percent of lemon oil in solution.

The analyses of terpeneless lemon extracts clearly show their character. They contain no lemon oil and varying amounts of citral (not determined in the samples herewith reported) generally averaging about 0.2 percent. The percentages of alcohol reported show the great saving in the solvent possible in extracts of this character. While in genuine lemon extract the alcohol ranged from 72 to 90 percent, in the terpeneless extracts the range was from 12 to 47 percent.

The insolubility of lemon oil in weak alcohol affords the consumer a simple test for determining whether or not the extract he is using contains lemon oil or is one of the terpeneless variety. If three volumes of water are added to one volume of the extract, in the case of genuine extracts the mixed liquids will have a cloudy appearance, while with a terpeneless extract the liquid will remain practically clear.

TABLE II. LEMON EXTRACTS

Brand GENUINE	Alcohol by vol.	Lemon oil	Brand GENUINE—Cont.	Alcohol by vol.	Lemon oil	
Baker's	83.51	6.48	Sauer's	79.70	6.50	
Baker's	77.21	4.30	Van Dyke's	73.79	5.94	
Burnett's	85.37	9.80	White Rose	81.77	6.50	
Burnett's	88.42	10.60	Williams'	84.63	5.90	
Colgates	82.02	8.16	Worth's	81.42	5.20	
Crown Aster	80.96	4.20	TERPENELESS			
Foss'	79.83	9.40	A. and P.	23.00	0	
Foss'	85.47	9.20	Arthur's	44.42	trace	
Harris'	85.48	5.84	Boston	33.83	0	
Health Brand	80.49	6.10	Centennial	22.83	0	
Mayflower	86.26	5.20	Coe's	16.55	0	
McKee's	76.71	10.95	Cotton's	43.95	0	
McKee's	72.15	6.37	East India	24.31	0	
Monarch	80.85	5.56	Eureka	47.70	0	
Miller's	84.24	6.70	Gross'	12.29	0	
Polo	88.84	5.10	O. K.	22.38	0	
Price's	76.51	6.54	St. John's	32.08	0	
Republic	90.25	5.90				

GINGER EXTRACT

Experiments by me have shown that a standard ginger extract should contain at least 90 percent of alcohol and from 1 to 2 percent of solids, practically all of which should be soluble in alcohol and not over 15 percent of which should be soluble in cold water.

Table III gives typical analyses of this extract made by me. In certain brands it will be seen that relatively large percentages of water-soluble solids are shown, indicating the use of sugar or molasses, either alone or combined with glycerol; in these extracts the percentages of alcohol are relatively low. The genuine extracts, on the other hand, contain somewhat over 90 percent of alcohol, and only small proportions of the solids are

soluble in water. As a matter of fact, the dilute ginger extracts are more often used in certain prohibition areas as a tipple than as flavoring extracts. The ginger solids present are hardly sufficient to interfere with their use as a beverage, being, in fact, attractive to certain jaded palates, and the alcohol content ranges from the full amount to half that usually shown by whisky.

TABLE III. GINGER EXTRACTS

Brand	Alcohol by vol.	Alcohol-soluble solids	Water-soluble solids	Brand	Alcohol by vol.	Alcohol-soluble solids	Water-soluble solids
Benefit	65.75	1.73	0.47	Seeman's	35.93	0.21	1.97
Colburn's	92.41	0.94	0.36	Stuart Brand	38.07	0.86	9.72
Colton's	75.87	1.54	1.27	Van Duzer's	96.15	1.71	0.18
Colton's	21.35	0.63	3.57	Van Dyk's	66.70	4.50	4.48
Goodhonest	24.15	0.43	0.52	Williams'	93.87	1.72	0.39
Grand Union	91.41	1.56	0.09	Made in laboratory*	34.63	1.42	0.21
Hudson Imita'n	48.55	1.20	6.08	Made in laboratory†	93.21	1.81	0.16
Littell's	94.38	1.03	0.26	McKee's	95.00	0.52	0.07
Sauer's	91.00	1.66	0.13	Sauer's	91.00	1.66	0.13

*From Jamaica ginger.

†From African ginger.

MISCELLANEOUS EXTRACTS

Table IV shows analyses made by me of almond, celery, cinnamon, clove, orange, peppermint, rose, spearmint, and wintergreen extracts. All of these given are of standard quality, many, in fact, containing much more of the essential oil than the standards require. Certain of the extracts, notably almond, indicate a great wastage of alcohol, as much more of the solvent is used than is necessary to keep in solution the required quantities of oil.

TABLE IV. MISCELLANEOUS EXTRACTS

Brand ALMOND	Alcohol by vol.	Essential oil	Brand ORANGE—Cont.	Alcohol by vol.	Essential oil	
Baker's	34.25	1.18	Van Duzer's	84.74	6.60	
Burnett's	49.45	2.33	White Rose	87.70	5.70	
Crown Aster	28.79	1.17	Williams'	80.87	6.50	
Foss'	75.82	1.38	PEPPERMINT			
Riker's	78.16	1.00	A. and P.	77.30	3.40	
Robin Hood	40.73	3.85	Benefit	70.00	4.00	
Sunbeam	45.95	1.37	Colton's	69.00	3.80	
Tiger Head	46.75	1.50	Sauer's	64.00	11.40	
CELERY						
Bibeau's	89.60	1.40	ROSE			
Burnett's	93.65	0.71	Burnett's	92.50	0.38	
CINNAMON						
Burnett's	91.49	2.33	Colton's	88.85	0.47	
CLOVE						
Burnett's	94.02	1.91	SPEARMINT			
Colton's			Colton's	87.30	3.00	
ORANGE						
A. and P.	83.83	5.50	WINTERGREEN			
Burnett's	88.10	9.00	A. and P.	61.60	3.43	
Cabinet	76.18	6.60	Baker's	7	2.91	
Foss'	85.88	8.40	Benefit	54.60	3.51	
Imperial	88.77	6.00	Burnett's	82.85	5.00	
Sauer's	76.89	6.60	Colton's	50.45	3.65	
Slade's	81.42	10.70	Sovereign	67.40	4.12	

Every new day is a fine and interesting adventure. Meet it with hope, with cheerfulness, and without anxiety.—Kansas State Board of Health.

STANDARDIZATION OF HOSPITALS—THE UNIVERSITY OR TEACHING HOSPITAL*

**Class I, Under the Schedule, Is the Most Important of All Institutions, and Its Responsibilities Are Great—The Departments and the Items to Be Measured—The Difficulties of Marking in Percentages—Hospital People
Invited to Participate in Creating Forms for Standardization**

BY JOHN A. HORNSBY, IN COLLABORATION WITH MISS MARY WHEELER, PRINCIPAL OF THE ILLINOIS TRAINING SCHOOL, CHICAGO; DR. SOLOMON STROUSE, FORMER PATHOLOGIST IN AND NOW MEMBER OF THE MEDICAL STAFF, MICHAEL REESE HOSPITAL, CHICAGO; MISS RENA S. ECKMAN, FORMER DIETITIAN, MASSACHUSETTS GENERAL HOSPITAL, NOW OF TEACHERS COLLEGE, COLUMBIA UNIVERSITY, NEW YORK; DR. J. T. CASE, ROENTGENOLOGIST, BATTLE CREEK, MICH.; DR. E. BLAINE, ROENTGENOLOGIST, COOK COUNTY HOSPITAL, CHICAGO; MR. E. C. LARSON, FORMER ACCOUNTANT, NOW ASSISTANT SUPERINTENDENT, MICHAEL REESE HOSPITAL, CHICAGO; MR. MICHAEL M. DAVIS, JR., DIRECTOR, THE BOSTON DISPENSARY, BOSTON, MASS.

THE reason why we chose to set out upon our attempts to create some hospital standards by making the university or school hospital Class I was that this particular institution should be an example for all others. The teaching hospital will differ from all other hospitals in many details, and we will require of the teaching hospital higher standards in many directions than we have a right to exact of others.

It will necessarily be extremely difficult to evaluate a teaching hospital for the reason that opinions will differ radically as to the relative importance of various features, one class of experts—namely, the teachers in the schools—taking the ground that the teaching side, including architecture, equipment, and service, is the all-important thing, while hospital administrators will always feel that the cure, care, and comfort of patients outweighs everything else. In fact, any attempt to standardize the teaching hospital must revivify the old classic controversy as to whether the medical men in the hospital are to run the institution or whether its affairs shall be managed by a board of lay trustees acting through an executive. In most teaching hospitals this problem has been well solved by having a medical man as superintendent; and in a few instances trustees of the school are elected to the hospital board, or vice versa, and in that way the activities of the two institutions are coordinated. That seems an excellent solution.

But, however important we may regard the teaching features of a hospital affiliated with a medical school, we shall never lose sight of the fact that it is a hospital—a place in which to take the highest order of care of the sick, and the moment this one thought is allowed to be displaced from the first consideration we lose the very fundamental purpose of the school's own work—namely, to teach young men and young women to

cure and nurse the sick as the work should be done in the interest of the patient. One hardly considers it good hospital practice or good student training, for instance, for a surgeon to prolong a surgical operation to dilate upon some point in the procedure.

We had intended in this paper, dealing as it does with the most important of all hospital classes, to elaborate in great detail on the various features, and to suggest just exactly what Class I hospitals should be and do and have; but we find that the material would far overrun the space allowed in one issue, and we have therefore decided to measure our hospital out into departments, and to fix some rather arbitrary percentages by which to judge of its merits. There will be those who will differ from the values we have given to various departments; indeed, we who have undertaken to collaborate in attempting this work have differed among ourselves; but compromise is the fairest basis of settlement of any difficult problem, and we can only urge all those who differ from us to write in and give us and the hospital people the benefit of their judgment. It may be frankly stated that the classification as we published it in the April number was not recognizable as the original which we prepared; it was radically changed, as many as twenty-five of the hospital people having had a hand and an influence in molding it into its present form. It will be most interesting and a very great help if many of the hospital people will send us in other forms for the standardization of this class of hospitals. We are, at best, only suggesting a framework upon which the whole hospital people may build something of permanent value.

As stated, we realize that different opinions may be held as to the departmental divisions of what we have termed Class I institution, but it is hoped that, by a comparison of the divisions that may be advanced, a practical and acceptable arrangement will be developed.

*This is the second in a series of papers on "The Standardization of Hospitals." Next month's paper will go into details of what the university school hospital should be and do and have, so that it may be adjudged under the schedule published in this issue.

THE MODERN HOSPITAL

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DIVISIONS OF THE HOSPITAL INTO DEPARTMENTS

No. of department.	Percent-age allowed.	Name of department.
1	40	Medical staff, including resident staff and training school.
2	10	Laboratories—all branches.
3	5	X-ray department.
4	5	Dietetic department.
5	5	Pharmacy.
6	5	Dispensary, out-patient, and social service.
7	10	Medical records and accounting.
8	5	Architecture, including all permanent installation.
9	10	Equipment—medical, surgical, and physical.
10	5	Administration—all departments.

MEDICAL STAFF:

Total percentage allowed, 40 percent.	20 percent.	Attendants: Personnel of staff. Completeness of the scheme of organization. Responsibility of the staff heads. Simplicity of the organization. Team-work. Original work, investigation, and publications.
		House staff: Personnel. Plan of organization. Discipline. Team-work.
		Training school: Board of control. Superintendent. Heads of departments. Personnel of nursing service other than above. Services—day and night, etc. Teaching, curriculum, classes, lectures, etc. Discipline. Living conditions—home, social, religious, etc. Records. Study in human waste in schools for nurses.
Total percentage allowed, 40 percent.	15 percent.	Comprehensiveness of scheme of organization, considering dual purpose. Personnel of director and associates. The scientific atmosphere of hospital under inspiration of laboratories. Physical equipment. Architectural arrangement of space. Original work and publications.
		X-RAY DEPARTMENT: Comprehensiveness of the organization. Personnel—director and associates. Architectural arrangement of space. Equipment.
		DIETETIC DEPARTMENT: Scope of work. Personnel—director and associates. The general kitchen. The diet kitchen. Ward diet kitchens. Serving rooms. Dining rooms. Menu plans. Team-work with other departments.

THE PHARMACY:

Total percentage allowed, 5 percent.	Plan of the organization. Personnel—director and associates. Plan of distribution of medicines. Facilities for cooperating as a teaching agency. Architectural arrangement, main drug rooms, floor cabinets, and scheme of transportation.
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DISPENSARY, OUT-PATIENT, AND SOCIAL SERVICE:

Total percentage allowed, 5 percent.	Scope of work. Personnel—medical staff, director, and associates. Record-keeping system. Team-work with other departments. Architectural arrangement of spaces. Management and discipline.
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MEDICAL RECORDS AND ACCOUNTING:

Total percentage allowed, 10 percent, divided between records and accounting.	Comprehensiveness of plan as a whole. Completeness of plan of records for medical service. Simplicity of accounting system. Cohesion and cooperation between records and accounting. Value of medical records for purposes of statistics and literature.
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ARCHITECTURE, INCLUDING ALL PERMANENT INSTALLATION, SUCH AS PLUMBING, STEAM FITTING, POWER PLANT, ELEVATORS, VENTILATION, VACUUM CLEANING, LAUNDRY, SEWAGE AND GARBAGE DISPOSAL:

Total percentage allowed, 5 percent.	Plan of the hospital as a whole. Execution of details. Taste and harmony of parts—ornamentation. Materials used in the building. Materials employed in permanent installation. Plans of arrangement of operating suite, kitchens and auxiliaries, laundry, etc. Economy of operation.
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EQUIPMENT—MEDICAL, SURGICAL, AND PHYSICAL:

Total percentage allowed, 10 percent.	Completeness of regular surgical apparatus and furnishings. Special apparatus for doing unusual technical operations—splints, water and air beds, hoists, pulleys, extension apparatus; made-up boxes for special operations, such as venesection, spinal puncture, etc. The furniture of the hospital—all departments.
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MANAGEMENT:

Total percentage allowed, 5 percent.	Scheme of organization for cooperation of scientific with domestic departments. Personnel—superintendent and department heads. General scheme for handling the public. General scheme for handling the staff. General scheme for handling the patients. General scheme for handling the trades people. General scheme for handling the employees. Arrangements for housing help necessary to be kept on premises. Cleanliness and order in the hospital.
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St. Jerome's Hospital, a new institution, will soon be opened at Batavia, N. Y., by the Sisters of Mercy of the Buffalo diocese. The building is a bequest to the sisters from Miss Mary Rose Jerome, of Batavia, who died about a year ago.

INSTITUTIONAL ECONOMIES FOR WAR TIME

The Burke Foundation of New York and Presbyterian Hospital, Chicago, Are Revising Their Food Administration Successfully—Economies in Surgical Supplies in the New York Hospital for Ruptured and Crippled—Expensive Articles Cut Out—Study of Psychology a Necessity

ECONOMY, which is always an important element in hospital administration, has lately become a patriotic duty as well. The methods used by various hospitals to conserve supplies of food and other articles have therefore a peculiarly timely interest just now. THE MODERN HOSPITAL is glad to present some plans for economy which have been successfully worked out in three hospitals, the Burke Foundation, White Plains, N. Y.; the Presbyterian Hospital, Chicago; and the New York Hospital for Ruptured and Crippled. Mr. Walter E. Wright, assistant superintendent of Burke Foundation, and Mr. Asa S. Bacon, superintendent of the Presbyterian Hospital, have been good enough to furnish us with accounts of some of the methods used in their institutions.

Food Economies at Burke Foundation

BY WALTER E. WRIGHT.

Assistant Superintendent Burke Foundation, White Plains, N. Y.

The Burke Foundation foresaw and anticipated the difficult and testing war conditions for institutions with fixed or receding incomes, and began reforms and graduated reductions more than a year ago. The institution was on a war basis before war was declared. Actual and relative reductions of its fixed income have thus been offset, and a surplus to meet emergency extensions in war and Red Cross service is assured. Without this early and essentially radical effort the conditions would now be unfortunately reversed. Of course, economies and curtailments in other departments accompanied the food changes.

Results may be summarized as follows: increase in food costs, 40 percent; increase in cost of meat, fish and fowl, 31 percent; despite this the food per capita has been held down to a 12-percent rise only, and the total expended for meat, poultry and fish has increased but 7 percent—in the face of an 8-percent addition of "days' treatment" in the period. Weight gains and all the other evidences of health-building appear even better than the year before. Contentment and enthusiastic support of patients and employees are constant and gratifying.

Some of the methods: Brief, plain talks on food values, abuses and common sense have been given by the superintendent in assembly; instructive and explanatory notices have been bulletined, preceding changes. New York City has been justly held up as the worst food-biased and food-wasting community in the world. Meat consumption has been cut nearly in half with extensive use of beans and cheese, peas, peanut butter, etc., for the protein; butter reduced, with cottonseed oil and margarine increasingly used. We have been making "war bread" for two years past; it is liked best of all. Left-over dark cereals go into brown bread, light cereals into light bread. Stale bread and cake are ground and enter the newly-baked loaves, respectively. Corn meal is added increasingly to all of the loaves, and used extensively in muffins and as cereal, etc.

Milk remains a fairly cheap food, but unless firmly supervised it is drunk mostly by the very persons not needing it (a milk axiom). We give it on prescription only to chosen patients; a large quantity is used, but with the satisfaction of knowing that it goes to the right spots.

Potatoes are served but three times a week since they became an expensive starch-food, and with skins on; mashed potatoes proved most extravagant and were omitted; unpolished rice is much substituted. Oatmeal and corn are the main cereals. Cabbage has been discontinued, and spinach or sauerkraut with corned beef served very successfully; fried foods much lessened, and tarts and pies nearly eliminated. Spaghetti with cheese is a standby. Apples, bananas, prunes, and rhubarb are mainstays in their line of diet.

At our colored branch, molasses replaces butter at one meal, with corn a staple all through the diet. At the boys' branch a rich gravy takes the place of butter frequently, and the pampered city lads who say they can't eat corn, rice, etc., are let go hungry till they learn food-sense; ten hours suffices. With them practically one dish only often makes the meal.

Reduction in the number of different things per meal, with smaller portions served and understanding that more may be asked for, has saved and satisfied. Regular inspection of garbage and of used plates gives continuing basis of criticism and betterment. Gains were made by having men's food differ somewhat from the women's.

The nine thousand convalescent persons have come to us more or less deviate on food questions. Their education away from fear and crankiness and food-foolishness, toward simplicity, economy, and a sane unconcern as to diet, has been no small part of the achievement here. The proof is that "it has worked"; patients thrive and are made happy, and they continue to practice our food ways at their homes—and to thank us for the lessons.

The following is used as a poster about the institution as a reminder to staff, help, and patients:

THE FOOD QUESTION IN THE FOUNDATION

In war time, the income of the Burke Foundation may be reduced. Food prices are rising steadily. We do not wish to cut down employees or patients. Food economies will help us to avoid this.

You eat too much meat. Your health and efficiency will be better with half the amount. Cheese, beans, and peas carry the same food elements as meat, and should more often take its place.

Corn, oats, rice (and potatoes, when cheaper) are equal with wheat flour. Margarine and peanut butter are often as good or better than much of the butter we can get.

We eat too many kinds of food at a meal. The people who do most in the world, and last longest, live plainly. Bread and milk, or bean soup with bread, or spaghetti-cheese are each, for example, complete foods for one meal.

We believe you will be glad to cooperate now in right food reforms—learning valuable things for life—with bettered health and success.

DR. FREDERIC BRUSH, Superintendent.

Some of the menus at the Foundation, including the newer, more popular, and certainly more inexpensive articles, are given below:

MAY 8	MAY 26
<i>Breakfast</i>	<i>Breakfast</i>
Cream of wheat	Hominy
Eggs in cream	Eggs in cream
Coffee Cocoa	Bread and butter
<i>Lunch</i>	<i>Lunch</i>
Lamb stew Vegetables	Scallions
Lima beans	Baked halibut
Boiled rice	String beans
<i>Supper</i>	Boiled rice
Vegetable soup	Tapioca pudding
Corn fritters Maple syrup	Tea
Vanilla cake	<i>Supper</i>
Stewed peaches	Chicken broth, rice
Cocoa Tea	Baked beans
<i>MAY 12</i>	<i>MAY 28</i>
<i>Breakfast</i>	<i>Breakfast</i>
Cream of wheat	Wheatena
Eggs in cream	Roast beef hash, peppers
Coffee Cocoa	Bread and butter
<i>Lunch</i>	Coffee Cocoa
Hungarian goulash	<i>Lunch</i>
Green peas	Corned beef and spinach
Boiled rice	Boiled potato
Cabinet pudding	Rice pudding
Tea	Tea
<i>Supper</i>	<i>Supper</i>
Chicken broth, rice	Scotch broth, barley
Baked beans	Spaghetti
Stewed peaches	Cheese
Currant cake	Stewed prunes
Cocoa Tea	Currant cake
<i>MAY 16</i>	<i>MAY 29</i>
<i>Breakfast</i>	<i>Breakfast</i>
Wheatena	Hominy
Chipped beef in cream	Scrambled eggs
Bread and butter	Coffee Cocoa
Coffee Cocoa	<i>Lunch</i>
<i>Lunch</i>	Pot roast
Pot roast	String beans
Green peas	Ringed potato
Ringed potato	Vanilla ice cream
Chocolate ice cream	<i>Tea</i>
Tea	<i>Supper</i>
<i>Supper</i>	Split pea soup
Noodle soup	Rice creole
Rice creole	Currant cake
Stewed prunes	Stewed rhubarb
Gingerbread	Coffee Tea
Cocoa Tea	<i>MAY 31</i>
<i>MAY 18</i>	<i>Breakfast</i>
<i>Breakfast</i>	Oatmeal
Hominy	Corned beef hash, peppers
Boiled eggs	Bread and butter
Bread and butter	Coffee Cocoa
Coffee Cocoa	<i>Lunch</i>
<i>Lunch</i>	Roast beef, brown gravy
Fried cod	Succotash
String beans	Boiled rice
Boiled potato	Cabinet pudding
Rice pudding	Tea
Tea	<i>Supper</i>
<i>Supper</i>	Consommé rice
Black bean soup	Macaroni-cheese
Creamed codfish	Cocoanut cake
Stewed pears	Stewed prunes
Currant cake	Cocoa Tea
Cocoa Tea	

Since the most carefully devised plans for economy are going to fall short of the desired results unless they have the willing and intelligent

cooperation of employees and patients, it is most important to lay a foundation of understanding. The excellent results reported by Mr. Asa S. Bacon, of the Presbyterian Hospital, Chicago, are therefore full of instruction.

Cooperation of Physicians, Nurses, and Patients Enlisted Successfully in the Presbyterian Hospital, Chicago

BY ASA S. BACON,

Superintendent of the Pennsylvania Hospital, Chicago.

In order that everyone in the hospital may understand the reason for careful economy in food, the following notice has been posted in every room in the Presbyterian Hospital:

NOTICE

The shortage of the food supply of this country is a well-established fact. The attention of the public has been called to it by President Wilson. Unless there is a general response on the part of the entire country, so that every effort shall be made to reduce consumption of food and eliminate waste, still greater scarcity than now exists and higher prices are inevitable. For the sake of doing our part in carrying on the war, and particularly that there may be more abundant food supply and lower prices for our people, everyone must be able to assist. The administration of this hospital desires to do its part. For that purpose, all nurses will be held to strict accountability to the end that all articles not necessary for the welfare of our patients shall be omitted from the trays. A menu will be furnished daily in advance from which selections can be made, and we earnestly request the cooperation of all our doctors, nurses, and patients in the endeavor to be of assistance to our country at this time.

ASA S. BACON, Superintendent.

Menus are furnished for each patient, and the patient or nurse is requested to draw a line through the name of food not desired. Since the introduction of this plan, only a few of the patients have asked for food not on the menu card. In the case of patients on diet the physician, of course, still orders the food which may be necessary, if it is not on the menu, but he is careful not to do this unnecessarily. In fact, a wonderful spirit of cooperation has been evidenced among patients, doctors, and nurses. The saving in food may be very conservatively estimated at not less than 10 percent.

The accompanying sample menu shows how we have attempted to maintain a dainty and appetizing choice of foods with comparatively few nutritious yet inexpensive articles:

MAY 9-10	Dinner
<i>Breakfast</i>	Cream of celery soup
Grapefruit	Roast beef
Oatmeal Eggs	String beans Boiled rice
Hot bread Coffee	Cress salad or grapefruit salad
	Cherry ice cream or blanc mange and jelly
<i>Supper</i>	
Cereal	
Spaghetti italienne	
Peach salad	
Strawberries with drop cakes	
Draw line through food not desired.	

The following notice, posted up in the New York Hospital for Ruptured and Crippled, offers some admirable suggestions for economy in the use of surgical supplies:

WAR ECONOMIES

SUPPLIES OF ALL KINDS ARE COSTLY—DO NOT WASTE

1. The good will and cooperation of the physicians and surgeons, both ATTENDING and HOUSE, is requested to bring about economic use of drugs, appliances, and supplies.

THE MODERN HOSPITAL

2. Nurses and attendants will collect all gauze and bandages from ward dressing, operating rooms and outpatient department in bags set for that purpose.
3. To Whom It May Concern: Do not use two pounds of plaster where one pound only is necessary.
4. Do not use an appliance or a surgical instrument, except for the purpose for which it is intended.
5. Save the worn-out article or the broken in order to obtain a new one on requisition.
6. Do not light an electric lamp when not necessary. To do otherwise is wasting money.
7. All lights not actually necessary must be extinguished by 9 p. m.
8. Do not use the printed blanks of the hospital for any other purpose than for which they are designed. **BLANK FORMS COST MONEY.**
9. Old rubber is valuable. Don't throw any away. Keep rubber in a cool place. Don't allow any form of grease on rubber, as it causes it to rot.
10. Do not take the elevator to go up or down one or two flights of stairs.

VIRGIL P. GIBNEY, M. D., Surgeon-in-Chief.
May 7, 1917.

RECLAIMING USED GAUZE AND COTTON

The Pennsylvania Hospital Finds Saving of Sixty-five Percent—The Method Employed—Dressings Properly Washed Aseptic Before Sterilization

BY DANIEL D. TEST, Superintendent of the Pennsylvania Hospital, Philadelphia.

So much has been said on the subject of the reclaiming of gauze and other surgical dressings that I hesitate to speak of it now, and yet it does seem very important, not only from a financial viewpoint, but in line with the present need for conservation, that all publicity possible should be given to the subject. I shall, therefore, give a concise description of our method of reclaiming. I think many hospitals make a mistake in thinking that it will not pay them to try to reclaim their surgical dressings. However small the hospital may be, I am sure it would be worth while to reclaim their gauze in these times of high prices especially. While a sterilizing washer is a very desirable piece of apparatus for any hospital to have, it is not necessary for the proper reclaiming of surgical dressings. Experiments which we have made would indicate, beyond doubt, that dressings washed in the ordinary washer with boiling water and then properly sterilized in the clinic, are entirely sterile. Any hospital undertaking to do the work in this way, however, should have the pathologist make careful examinations to determine whether the process used is really effective.

At the Pennsylvania Hospital we are realizing a saving of over 65 percent, and this, at the present time, means a handsome sum every month. For instance, we used only 55,000 yards of gauze last year, whereas, without reclaiming, 200,000 yards would be a small estimate. We also used only 700 pounds of absorbent cotton, other than the waste cotton, and this was almost entirely used in the eye clinic.

The method of having the gauze examined, trimmed and prepared by the nurses, under the class supervisor, seems to have many advantages over the method of having this work done by maids or by the laundry people. In addition to the valuable training which our nurses get in their probation period, we have realized a much larger saving.

The soiled dressings are collected at the bedside, in low-priced, 20-pound, automatic paper bags, held in position by home-made frames. Immediately after the surgical dressings are completed, the bags are taken to the laundry, where the dressings are transferred to net bags, and placed in cold water in the soaking tank. This water

is changed three or four times during the day. The following morning the net bags containing the dressings are transferred to the sterilizing washer, and washed by the following process:—

1. Two cold-water washes, without soap or alkali, for ten minutes each.
2. Forty-five minutes' washing in hot water and soap solution.
3. Two rinsings in hot water for ten minutes each.
4. After small amount of hot water is placed in washer, the cylinder is run for forty-five minutes under steam pressure of 12 pounds.

After the dressings are put through the extractor, they are taken, while moist, to the gauze room, where they are stretched, trimmed, and prepared for final sterilization by the probation class of the training school, under the class supervisor. Preparation and sterilization of dressings is taught at same time. The class hour is sufficient.

The trimmings, worn-out pieces, and pieces of gauze bandages are saved until a considerable quantity has been collected, and are then sent away to be picked and carded for absorbent cotton. The amount of gauze cotton thus secured nearly equals the amount of absorbent cotton required.

Dressings properly washed are entirely aseptic before the final sterilization in the gauze room and, after final sterilization, could be used for any purpose, but as a matter of convenience the new gauze is first used in the operating rooms.

The dressings are first cut large and of uniform size, and as they become smaller, as a result of washing and trimming, they are placed in the next smaller size. Four sizes are convenient for nearly all dressings.

Where the gauze is to be reclaimed, a cheaper quality than a heavy 24-by-28 count is not economical. Muslin bandages are washed and ironed, but it does not seem practicable to iron gauze bandages; hence they are used as waste.

Most manufacturers of cotton waste do carding, but if location makes this impracticable, a picker may be purchased and the waste used without carding. While carding is very desirable, a carding machine is expensive.

RECENT OHIO LEGISLATION ON INSTITUTIONS

Scope of Tuberculosis Hospitals Enlarged—Constructive Program for Institutional Care of Feeble-Minded Adopted

BY HOWELL WRIGHT, Secretary of the Cleveland Hospital Council, Cleveland, Ohio.

Important changes were made by the Eighty-second General Assembly of Ohio in the state laws affecting public control of tuberculosis. All reference to "pulmonary" tuberculosis was eliminated, and in the future public tuberculosis hospitals will be authorized to admit all cases of tuberculosis, glandular, bone and otherwise. Emphasizing "prevention," the new law extends permission to county commissioners to establish one or more free tuberculosis dispensaries in each county. This is the next logical step in the Ohio campaign against tuberculosis and will reinforce the work of the various tuberculosis hospitals and public health nurses.

In justice to the injured workmen as well as to hospitals and doctors of the state, the legislature amended the workmen's compensation act by providing additional compensation for hospital, medical and nursing service. In the original law the amount of compensation for such service was limited to \$200. This limitation necessitated much

"charity" work for the state on the part of both hospital and physician. The amendment provides that in unusual cases additional amounts may be paid at the discretion of the commission for necessary medical, nursing and hospital service. While reliable figures show that the number of hospital cases requiring additional compensation does not exceed one in a thousand, the amendment removes an injustice of long standing and makes Ohio's compensation act the best in the country from the standpoint of medical practice and hospital service.

A constructive program for institutional care of the feeble-minded was put through. The sum of \$250,000 was appropriated for the building of five cottages in 1917, accommodating 300 patients, and six cottages in 1918, accommodating 350 patients, at the Institution for the Feeble-Minded, as well as \$25,000 for a tuberculosis hospital at the same institution.

Appropriations were also made for five cottages, accommodating 300 patients, to be built at the Hospital for Epileptics. The Ohio Penitentiary Commission was granted \$350,000 for additions and improvements at the new prison farm at London. An appropriation of \$114,000 was made for the building and equipment of an administration building to be used by the Bureau of Juvenile Research. This bureau, which is one department of the Board of Administration, will make use of this new plant, which may be properly called a laboratory, in examining all juvenile delinquents committed to the custody of the board. These examinations are to determine what physical and mental defects, what hereditary and environmental influences have affected each child, to the end that he may be permanently restrained or properly trained for citizenship.

MEN NURSES IN CHINA

Advantages of Employing Men—Good Qualities Displayed by Chinese Male Nurses

Trained nursing is naturally a novelty in China. It would appear that men nurses are likely to prove quite as successful in that country as women.

Miss Hope-Bell, of Hankow, president of the Nurses' Association of China, is quoted in the *British Journal of Nursing* as saying:

"It is becoming increasingly evident that trained Chinese men nurses have come to stay. Some people have looked upon them as but temporary expedients, only to be made use of until such time as the better education of women, and progressive changes in etiquette should allow of women nurses caring for men patients, as in the homelands.

"But why should they not be found permanently in our hospitals for men? Surely men are physically better fitted to lift and turn men patients than are Chinese young women. And they are proving to be as tender-hearted and as gentle-handed as their sisters, and equally capable in every way.

"At present, experienced women nurses are few. Hospitals for women are staffed mainly with girls, the majority of whom marry as soon as the certificate is gained, and so disappear from the ranks of the profession just when they are becoming experienced. This leakage of useful workers should not be found to any extent in our training schools for men. Of the educated youths who are taking up the work nowadays, the majority are prepared to make nursing of the sick their life work, and in that fact lies the possibility of getting really experienced as well as skilled and capable men for posts of responsibility later on."

Mary Davis Lewis, in the *Trained Nurse and Hospital Review*, also writes of experiences with men nurses. She says:

"Many boys from our mission schools finish the gram-

mar grades and cannot afford to go on; from this source we draw our best material; they are usually Christians, more or less used to foreigners, and have a good preliminary education. Yet one of my seniors was once an apprentice to a carpenter; now he is a really excellent nurse: neat, gentle and trustworthy, he is thoroughly at home in the operating room, and especially enjoys eye work.

"The Chinese boy nurse, as I have found him, is reasonably kind, pleasant, and trustworthy; supported by his long blue gown, which stamps him as above the coolie class, and the honorable title of 'hsein sheng,' he will dress the most dreadful wounds without flinching, and plod through laborious days, but if the patient is impudent—well, he had better look out. One nurse, the ex-soldier, asked, 'What is the patients' worst fault: smoking against rules, swearing at the nurse, or spitting on the floor?' I replied that the first two were faults, the latter a crime. Under some dreadful circumstances murder may be justified, stealing at times is to be pardoned, as to the other lapses we are all mortal; but spitting on the floor is the one crime without excuse or pardon."

INSTITUTIONAL CARE FOR THE FEEBLE-MINDED IN NEW YORK

New York State Falling Behind in Making Provision for the Feeble-Minded—Outdistanced by Four Other States

The New York Committee on Feeble-Mindedness says that New York State is losing ground in making provision for the feeble-minded. In 1890 there were (on the basis of 1 to every 300 of the population) 20,992 feeble-minded in the state. Institutional provision was made for 770 of these, leaving at large 20,222. In 1917, the population having increased well over 50 percent, there is a total of 33,000 feeble-minded throughout New York.

Nearly 5,500 of these are provided for in institutions specially designed for them, and about 4,500 in institutions not designed for their care. This leaves at large in the state approximately 23,000 feeble-minded. The number at liberty in the community is about 4,000 more than it was in 1890.

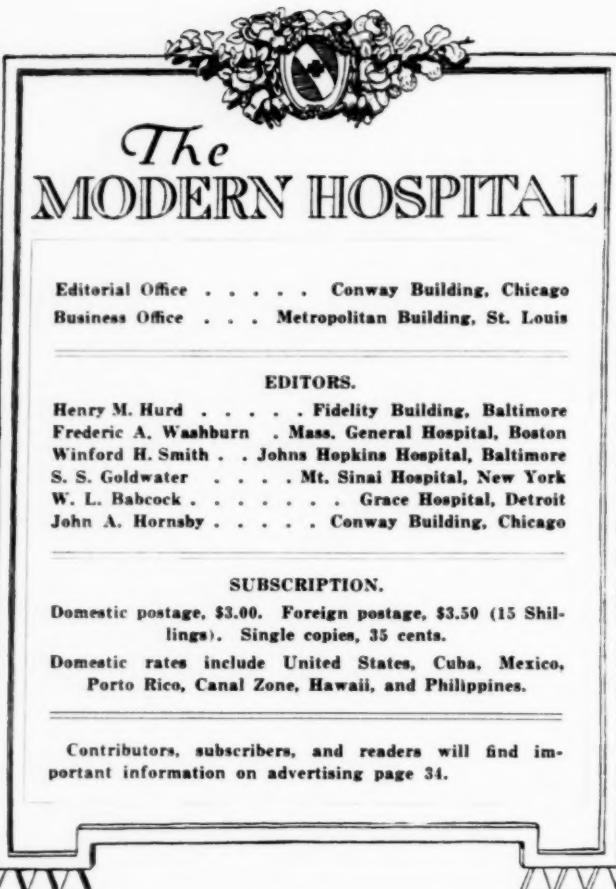
New York State, moreover, it is said, does not compare well with other states in making provision for its feeble-minded and epileptic dependents, and every year it is running further behind, until it now stands thirteenth in the ratio of state provision for the epileptic, and eighth in provision for both. Or, if we include the New York City institution on Randall's Island, for which, of course, the state can take no credit, it stands fifth in all three particulars, being outdistanced by Massachusetts, Ohio, Minnesota, and Iowa. State provision increased 42 percent from 1904 to 1910 and only 29 percent from 1910 to 1916.

It is estimated that, of the 33,000 feeble-minded in the state, 10,000 are girls and women of child-bearing age, of whom only about 2,100 are cared for in institutions designed for the care of the mentally deficient, while about 1,300 are confined in reformatories, prisons, and almshouses. About 6,600 are at large in the community.

The state would gain financially by providing proper custodial care for the 4,500 feeble-minded now cared for in prisons, reformatories, and almshouses. The comparative cost of the various methods of caring for the feeble-minded is more fully discussed on another page (see "Colonizing Social Misfits in New York State").

It has been estimated that a single family of the feeble-minded and epileptic class has cost the state of New York more than it has spent for the building and maintenance of the Custodial Asylum at Newark since it was first established.

Man, not God, fixes the death-rate.—Kansas State Board of Health.



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State Hospitals and Agricultural Preparedness

An interesting movement has just been initiated in Maryland in connection with state hospitals. As the greater number of state hospitals are situated in the country and as a rule are surrounded by broad acres of fertile farm land, they possess excellent opportunities for the practical working out of methods increasing the production of food in these days of war. To cultivate these rich farms a supply of labor is to be had in the hospital itself—a supply which is not in danger of being diminished by enlistments or the lure of high wages in other industries. The great majority of patients with chronic mental disease are capable of accomplishing a certain amount of farm work under proper guidance and direction by judicious physicians with benefit to themselves in the form of increased mental vigor and self-respect. In fact, such industries have long been regarded as essential to the cure or betterment of these patients. At many of these state farms, indeed, systematized farm work is regarded as an important curative agency. At a meeting in Baltimore of the trustees of four state hospitals and one state institution for feeble-minded children and adults, the lunacy commission, the agricultural board and the governor of Maryland, it was decided to make a full survey of the resources of the institutions of the whole state in

order to utilize the farms to the best advantage to increase the food production of the state.

This will increase food production by coordinating the farms and laborers who might otherwise duplicate efforts which could be more profitably employed in other directions. The state board of agriculture is to examine each farm and present a definite scientific program for its cultivation and management. One institution may be best adapted to the production of grains, another to dairy products, a third to trucking or to vegetables exclusively, and the like. Under the arrangement proposed, the institutions are free to develop their material resources and man power to the utmost with a certainty that these economical factors will contribute the best that is in them to the public welfare. The labor of able-bodied men can be fully utilized in outdoor employment and that of able-bodied women in the sewing room, the garden, the canning house or the dairy.

It is proposed also to organize in connection with each state hospital a company of men for emergency work. These men can be sent by means of motor trucks to assist farmers living within a radius of five or ten miles to help gather vegetables, like potatoes, beans, peas, etc., or crops like wheat, oats and similar grains. Under a competent supervisor they can be transported to their field of labor each morning and returned to the institution every night for medical inspection and care whenever needed. Breakfast and supper could be furnished at the institution and dinner at the farm where the emergency labor is to be performed. Such an arrangement would obviate any possibility of hardship to the patient from a lack of the usual daily medical routine. Inasmuch as these patients would be available in large squads, their varied tasks would be performed expeditiously, and a large number of farms might be served.

It must be borne in mind that labor of this character is not equal in individual cases to the labor of able-bodied farm laborers, but it must also be remembered that in the aggregate it will prove of material advantage because it utilizes a product which heretofore has been regarded a negligible asset. A portion of this man power has been used, it is true, but it has never been co-ordinated and rendered available as a whole for meeting emergencies. Much good is expected from the experiment.

HENRY M. HURD.

War-Time Foresight

The war, with its inexhaustible capacity to consume and to disorganize, is our excuse for once

again recurring to the disagreeable topic of ordering goods in our hospitals.

For nearly three years now an ever-increasing number of people have been leaving the producing side of the human ledger and have been joining the huge host of destroyers. The time has now come when all surplus is about used up, when goods that would have been refused as worthless a while back have done their duty and disappeared. Material and labor in Europe can no longer be counted on, and this country, in declaring itself in the war, must assume burdens never dreamed of before or anticipated in connection with our "bit."

We are thinking just at this moment of hospital supplies, medical and surgical, foods, fresh and preserved—in fact, every commodity that we use. Of course, in regard to many commodities, the hospitals must take their chances with the world at large, and on even terms, but there are some things that we need which are so specially needed as to constitute an exclusive hospital problem and for which special foresight and judgment must be employed.

If we buy too much we shall be accused, and rightly, of hoarding, and of unsettling markets. If we do not buy enough we shall be neglecting our patients. It would seem, then, to be one very safe and sane rule to go on our way calmly, in the knowledge that we are passing through a most serious time, but without growing excited or hysterical.

We should buy what we really need, and by all means we should order what we want far enough ahead to allow the producers to plan and arrange their output to the best possible advantage. If we all do this we shall get better goods, cheaper, and we shall be contributing no small part to the successful issue of the war.

Meeting War Stringency in the Hospital

On other pages of this issue are articles, which we commend to the serious attention of our readers, on economies in food and other hospital supplies. One article is composed of contributions from the Burke Foundation, White Plains, N. Y.; Presbyterian Hospital, Chicago; and the Hospital for Ruptured and Crippled, New York. Another is an article by Miss Catherine C. McGrath, chief surgical supervisor in Grace Hospital, Detroit, on the economical cutting of gauze for surgical dressings, and a third by Mr. Daniel D. Test, superintendent of the Pennsylvania Hospital, is on the reclaiming of used gauze and cotton.

These articles are well worth consideration by hospital people. If the food situation in this coun-

try is to be as acute as all the signs now lead us to believe, or even if it is to remain as acute as it is now, the hospitals are facing a hard time, and it behooves their administrators and trustees to utilize every agency and to practice every method that will lower costs. Not only in food supplies does this apply, but also in the use of medical and surgical supplies, dressings, bandages, and the staple pharmaceuticals. Already the labor question is serious, and hospitals are going to find themselves obligated to use convalescent patient labor wherever possible, to practice every possible economy in nursing care, because nurses, too, are going to be continuously scarcer, and to practice administrative economies never before thought of.

The effort is going to be a hard one for our hospitals because during recent years we have been thinking in terms of higher standards and a more efficient care of the sick, in step with the demands of modern medicine, and we have sometimes almost ignored the question of cost, or at least subordinated it to the problems of efficiency and high service. We cannot lower our standards one whit; we must do all that we have been doing for our patients, but we must do it for far less money than we have ever done it before.

Hospital administrators are facing the greatest task that they have ever had, and those who do not rise to the occasion are going to find themselves in great difficulties. Many a superintendent is going to lose his or her position in the next year or two by failure to measure up to the necessities of this trying period that we are about to face.

The article consisting of Dr. Wright's contribution (obviously inspired by Dr. Frederic Brush's masterly administration) and that of Mr. Asa Bacon, superintendent of the Presbyterian Hospital, should be read and re-read, and the menus themselves should be studied. Mr. Test's and Miss McGrath's papers also are worth careful consideration.

Discovered—A New People

When we set out to write this editorial, we were inspired to begin with a rhapsody on the humanitarianism of our time, the benevolence, the kindly spirit that disposes us to seek out the hurt, the sick and unhappy for helpful ministration. And then there came across our mind a thought of the horrors of the war now rumbling so close to our own firesides, and a suspicion that perhaps our vaunted humanitarianism was only pretense and that we are no better today than were the Huns and Goths or the Spaniards of the Inquisition, and no more enlightened than the Cotton Mathers who hunted old women witches.

But on second thought we realize that after all

the world war is a baptism in fire and blood for a high and holy cause, and that out of it shall emerge a better world, a higher humanity, a great flood of unselfishness that shall dwarf even our present-day ideals of liberty, equality, and fraternity.

So we go on with what we had in mind to write about, namely, the discovery of a new class of human beings, a class just like ourselves, with the same capacity to be happy and miserable, but a class that seems to have escaped the beneficent and benevolent eye of humanity up till now. We refer to the indigent aged. There are hospitals and homes, there is a distinct literature, there are conventions and conferences for apparently every other class of people in the world—but for the aged, there is a waiting place for eternity, and an infinitely small niche in the hall of oblivion.

But now it seems there is to be a new day for the aged. They seem to be human, even as you and I, and entitled to at least a casual survey at the hands of trained and sympathetic students.

In this issue, on another page, we have a paper by Dr. I. L. Nascher, of New York, on "The Institutional Care of the Aged." Dr. Nascher knows what he is writing about. He was, indeed, one of those who discovered the aged as a class of society worth thinking about and working for, and what he has to say is worth while.

The main point about Dr. Nascher's paper is that there is a real and a big problem concerned with old people; that this social class isn't all wastage and wreckage; that there is much salvage in the shape of work that old people may do; that under capable stimulus and care they can be made about as happy and productive as the rest of us.

Besides, in ministering to our aged with loving care and affection, we are stimulating one of our best if most neglected virtues, reverence.

Why Not Uniform Training School Records?

Recognized standard curricula for training schools have long been a crying need of the nursing profession. That the professional training given by certain schools is superior to that given by certain others is a commonplace recognized by all the nursing world; but probably few authorities would agree exactly in defining the difference between these leading schools and those below them, or in stating the essentials of the superiority of one class over the other. This is inevitable because, up to the present, no comprehensive system of standards has been worked out and generally accepted.

A similar condition prevails in regard to the records of individual pupil nurses. The head of

the training school and the members of the teaching staff may know very well that one pupil is far superior to another—has done more conscientious work—has profited to a much greater degree by the opportunities afforded by the school. Yet, provided the inferior pupil has not fallen so far below standard as to be unable to pass, the records may show little or no difference between the two. The head of the school, if called on for a statement of the ability of a pupil compared with others is compelled to rely very largely on personal impressions and a more or less fallible memory.

The paper by Miss Alice F. Bell on "Records of Schools of Nursing" in the Department of Nursing, this issue, is one of the most important contributions to nursing literature of recent years, in that it offers a well-thought-out system of records to meet just this need. Miss Bell's work was done under the auspices of the Department of Nursing and Health of Teachers College, Columbia University, and has the personal endorsement of Miss Goodrich. This is enough to say with regard to its quality. We are sure that training schools all over the country will welcome this most valuable contribution to the literature, which perhaps is to mark the initiation of a standard system of records that will reach far into the future and that will mean much for better teaching.

Special Features in Prospect

Next month we shall present a number of important articles on eye hospitals and clinics, and also on work for the blind, particularly the vocational training of the blind. Among these papers are an article by Dr. Arnold Knapp on the Herman Knapp Memorial Eye Hospital, New York; an article by Dr. John McMullen, of the U. S. Public Health Service, on the work done by the government to eradicate trachoma in the Appalachian mountain region; and a paper by Dr. Catherine Brannick on social service work in an eye hospital or dispensary. There will also be articles on the education of the blind in Massachusetts, Illinois, Pennsylvania, and elsewhere.

Dr. Louis C. Ager contributes an article on the emergency hospital for the care of infantile paralysis provided for the borough of Brooklyn by Mr. William Randolph Hearst, of the *New York American*.

Other interesting articles for publication in the near future include a series of papers on nurses' homes; an article by Dr. Clarence F. Graham on the equipment and organization of the clinical laboratory of Albany Hospital, and one by Dr. Stuart Graves on the clinical laboratory of Louisville City Hospital. Dr. Hornsby's series on

standardization is to be supplemented by several papers on the intimate details of standardization in special institutions. The first of these articles will be by Mr. Francis Bardwell, inspector of almshouses for the Massachusetts State Board of Charity, on "Standards of Almshouse Administration."

Hospital Treatment for Remediable Disqualifications for Army Service

The United States Government medical examiners for the various war services have had the experience common to every country when it first prepared for war of running across innumerable small, remediable defects for which candidates either must be rejected or must be operated on or treated before they can be accepted.

St. Luke's Hospital of New York seems to be the first institution that has recognized and gone out to meet this problem. Recently a thirty-bed ward was opened as a sort of repair shop for just this kind of patients, and \$2,000 a month has been appropriated to pay for the service.

It is to be hoped that hospitals in every part of the country will set aside space and appropriate money to take care of men who are suffering from minor physical defects and thus enable them to serve the country in one of the various services for which they are applying.

NEWS FROM "SOMEWHERE IN FRANCE"

The Splendid News Service of the American Red Cross for the Benefit of the Family and Friends of Members of the American Expeditionary Force

The letters which follow illustrate the splendid service organized by the Red Cross to furnish regular bulletins of trustworthy news concerning the members of the base hospital units now going from this country to serve near the front. Only those who have dear ones in the war zone can begin to realize what this service means in the way of comfort and peace of mind to those at home. The foresight and thoughtfulness displayed in this detail furnish an additional reason for confidence in the methods used by this organization in preparing for the heavy task before us.

FOR THE INFORMATION OF THOSE HAVING FRIENDS OR RELATIVES WITH BASE HOSPITAL NO. 2

It is the intention of this office to issue regular bulletins as often as the news warrants, to keep you in touch with the activities of this unit.

Immediately upon receipt of news of the arrival of this unit abroad, you will be notified.

The mailing address of all members of this unit, until further notice, will be:

U. S. Army Base Hospital No. 2, care Sir Alfred Keogh, War Office, London England.

Prior to sailing, the following donations were made to the unit: a complete set of athletic equipment, including base ball, basket ball, tennis, football, handball, boxing gloves and punching bags, quoits, tether ball, and a variety of indoor games. A large quantity of tobacco was donated to the enlisted men. Nurses, stenographers and members

of the staff were presented with special life preserver suits.

Very sincerely yours,

SIDNEY R. BURNAP.

Immediately on the arrival of the unit in England, a telegram was sent to the families of all members of the personnel, giving this information and adding that all were in good health and spirits, and that it was being enthusiastically received in England. Later, when letters had had time to cross the Atlantic, the following letter was sent from the Red Cross office in New York:

FOR THE INFORMATION OF THOSE HAVING FRIENDS OR RELATIVES WITH BASE HOSPITAL NO. 2

The first letters from members of Base Hospital No. 2 have been received in this office and inform us of a very comfortable voyage. During the last part of the journey the steamer was convoyed by one of our own destroyers.

Cable advices have informed us of the safe arrival of the unit in France several days ago.

During the trip the enlisted personnel were thoroughly equipped and moderately drilled. The director of the unit has commented especially upon the splendid morale of this group.

Great enthusiasm greeted the arrival of the base hospital in England, and every possible provision was made by the British Government for the comfort and entertainment of its members.

In answer to repeated inquiries received in this office, would say that members of any hospital unit will be allowed to communicate by mail, or otherwise, with their friends or relatives at home. Obvious delays, due to the censor, must be expected. No change of mailing address has been received up to this time.

Very sincerely yours,

SIDNEY R. BURNAP.

An illustration of the magnificent efficiency of this service afforded by the case of the accident on the Mongolia. It will be remembered that two nurses, Miss Helen Burnett Wood and Mrs. Edith Ayres, were killed, and a third, Miss Emma Matzen, was injured by the ricocheting of a brass cup from an exploded shell. Immediately after the accident, news was sent by wireless to Red Cross headquarters, and Mr. Burnap telegraphed to the families of all the members of the unit the facts of the accident, adding that no other persons than those named were injured, that the vessel was returning to port, and that there was no occasion for anxiety concerning the other members of the unit. Thus the families of these persons had accurate information twenty-four hours before it was in the newspapers, and in a more complete and authentic form.

The Poor House*

BY SARA TEASDALE.

Hope went by and peace went by,
And would not enter in;
Youth went by and health went by,
And love that is their kin.

Those within the house shed tears
On their bitter bread;
Some were old and some were mad,
And some were sick abed.

Gray death saw the wretched house,
And even he passed by—
"They have never lived," he said,
"They can wait to die."

*Contributed as a model poem for competitors in the Minneapolis public schools' "health poetry" contest during that city's community Health and Happiness Week; reproduced here by courtesy of the Survey.

COLONIZATION OF SOCIAL MISFITS IN NEW YORK STATE

Work of the Rome State Custodial Asylum—Five Farm Colonies for Feeble-Minded Boys—Self-Supporting Industrial Colonies

The feeble-minded and socially unfit population of New York State is said to number from 30,000 to 32,000. Six thousand are in institutions for the feeble-minded; about 6,000 more are estimated to be in institutions not designed for the feeble-minded; and about 20,000, or nearly two-thirds of the whole number, are at large in the community.

Dr. Charles Bernstein, superintendent of Rome State Custodial Asylum, believes that the transfer to appropriate custodial institutions of the 6,000 feeble-minded inmates of the state prisons and jails, reformatories, almshouses, and state hospitals not only would relieve these institutions of a most troublesome class of inmates, but would also be a saving to the state of from 20 to 50 percent on the cost of maintenance. At the Rome State Custodial Asylum over 1,500 inmates are humanely cared for at a cost of \$2.90 a week. The cost of caring for the same class of inmates in girls' reformatories is \$5.47 a week; in boys' reformatories it is \$4.66 a week; and in the state hospitals it is \$4 a week. It is estimated that it costs \$500 an inmate to build large brick buildings of the usual custodial type, in which the inmates are simply housed and cared for, an expense to the state. The same amount of money applied to the purchase of farms will render the inmates self-supporting, for twenty inmates may be provided for on a farm of 100 or 150 acres, costing \$10,000.

The central institutions already completed or begun are sufficient, when completed, Dr. Bernstein believes, for the first reception and training of feeble-minded children. Extension of the work should be along the lines of colonization of the industrially trained inmates. Many of the women, under proper supervision, could be very useful in large centers of population, doing domestic work, hand laundry, and sewing of a character not sought by normal labor. The trained feeble-minded boys and men could be made happy and self-sustaining by colonization on state-owned lands or abandoned or undeveloped farms.

The value of these principles is not speculative; it has been demonstrated by experience. The Rome State Custodial Asylum has seven farm colonies, each entirely self-sustaining, including all expenses and 5 percent on the investment, and two colonies for girls in the city of Rome, which are likewise self-sustaining. Both the girls' and the

boys' colonies receive trained border-line cases and morons.

On five of the farm colonies, \$90,000 worth of farm products were raised last year at a cost of \$46,000. This furnished 25 percent of the total cost of maintenance of the asylum population of 1,800 (including employees). A permanent colony of trained boys has been placed on state preserves in the Adirondacks to grow trees and do reforestation. The report of the Conservation Commission shows that the work done in 1915 by a temporary colony was much better done than it had ever been done by paid labor or by convict labor. At the permanent reforestation colony, twenty boys will live the year around on 150 acres of open farm land, being joined during the spring and fall planting seasons by other boys, who will camp in tents. This farm also is more than self-supporting. The boys produce all the vegetables, milk, butter, beef, pork, mutton, eggs, etc., needed for maintenance, and have considerable quantities of excess products to sell, especially wool from the sheep. It may be found of interest to compare these results of the colony plan in New York with results from the same plan in New Jersey, reported elsewhere in this issue.

The inmates of the two girls' colonies in the city of Rome are not markedly defective; they are girls who, in part at least because of defects in home training and lack of normal social experience, have been unsuccessful out in the world on their own responsibility. Having been sent to the asylum for study, care, and training, they are given the teaching and training previously lacking

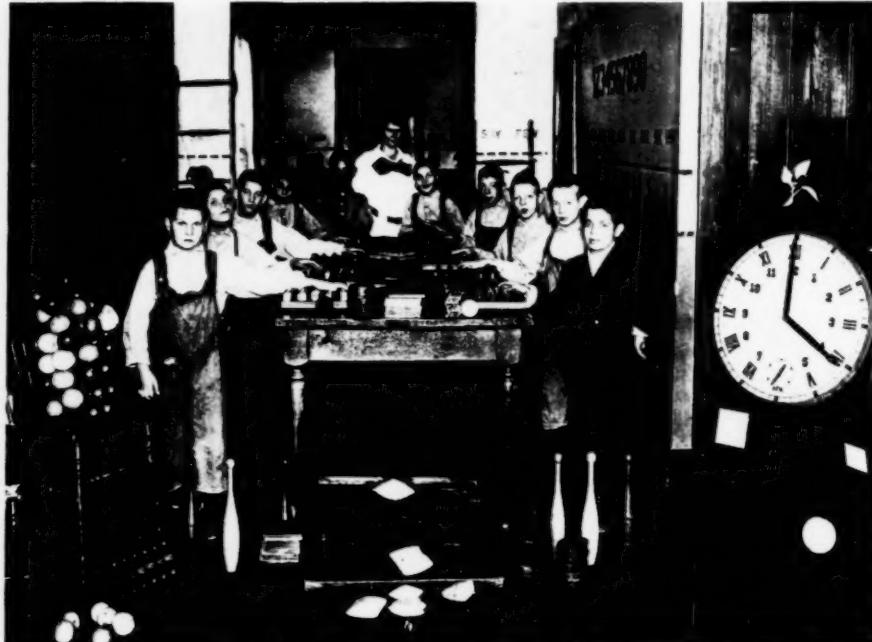


Fig. 1. A class of feeble-minded boys at Rome State Custodial Asylum and materials for color, form, and sense training.

in their lives, and then placed in the working girls' colony. Here they are under the charge of a house-keeper or matron; a social visitor inspects their working places, instructs them in street deportment, accompanies them to moving-picture shows and other social diversions, assists them in purchasing their clothing, etc. Thus the girls are at the same time learning normal social reactions and being tested as to their ability to carry the responsibility for the direction of their own lives. While at the colony, they go out to do domestic work and sewing by the day, week, or month. Payment for their services at the rate of \$3.50 a week is made to the manager of the home. Each girl is given 25 cents a week for spending money and 50 cents a week for her individual bank account. The remainder is placed in the general fund, from which each girl is given money for clothing and other necessary or reasonable purposes. The colony as a whole is self-supporting. The girls passing through the girls' colonies will either continue to work under supervision of the colonies

or finally live in the homes where they work under supervision of a social worker, the colony merely serving as their social center, thus one group of girls will be going from the institution in the bus daily to work, returning to sleep at the institution, the colony being their means of exchange. Another group will be living in the rented houses or colonies, and still another group having larger liberties and responsibilities will room and eat where they work, but come to the colony for their social activities, the colony really being their home.

The boys will work on the farm colonies for a few years and when they have proved trustworthy will go out to live with and work for farmers. There already are nearly one hundred boys living with farmers in this way who have graduated from farm colonies and proved trustworthy and



Fig. 2. One of the reforestation camps of Rome State Custodial Asylum.

reliable. These boys and girls, when paroled to live where they work, go out in accordance with the following form of agreement:

Rome, N. Y.

I..... hereby agree to take..... to work for me, with the understanding that after he has been with me four weeks I will decide whether or not he proves satisfactory, and I agree to pay him \$10 per month for ten months and he is to remain with me the remainder of the year for his board and spending money.

I agree to report at least once in three months on how the boy is getting along and make complete settlement and take receipts for all clothing bought for the boy and keep close track of the spending money I give him, which is not to exceed 25¢ a week or \$1 at any one time if he is going to town, and the balance of money due him at the end of each quarter will be left at the asylum for the boy, the understanding being that it is to be placed in the savings bank to his individual credit.

I..... hereby agree to the above contract.

Witness both signatures

A few of these boys and girls may prove sufficiently trustworthy and reliable to be discharged from the institution, but many others will undoubtedly have to be under supervision of a visiting inspector for a long time.

There is also one city colony for boys who work by the day about Rome caring for furnaces, walks, lawns, gardens, and one boy in a bicycle repair shop and another operating an elevator in a department store.

The very marked improvement in most of these parole cases is said amply to justify this experiment in rehabilitating boys and girls who otherwise might easily become social waste. Before the colony plan was adopted, many boys and girls who went out under individual parole became lonely and homesick, and therefore naturally tended to drift to the streets and to form undesirable acquaintances. The colony bridges over the gap between the asylum and complete independence, guarding and aiding these

young people while they are forming new acquaintances and fresh points of contact with the world.

It is said that during the past decade the proportion between the types of the feeble-minded coming to asylum doors has changed greatly. Whereas ten years ago 80 percent were idiots and imbeciles and only 20 percent border-line cases or morons, now the percentages are reversed, only 20 percent being of the idiot or imbecile class and 80 percent morons and border-line cases. Dr. Bernstein believes that this is due to the industrial changes which society is undergoing. As machinery displaces hand labor and industrial society becomes more and more highly organized, specialized ability to an ever-increasing degree is required for success, and less and less low-grade unskilled labor is demanded. It is going to be ever more necessary, therefore, to study these cases of social failure.

"During the past ten years," Dr. Bernstein says, "I have seen many boys and girls thus rehabilitated. The fact that a few fall on the first trial or repeatedly is no sure criterion that our judgment of the case was mistaken, for



Fig. 3. The delights of the wild. One of the tents at a reforestation camp.

I have many times seen these very same cases of failure succeed almost immediately when placed in another new environment and from then on make good. Possibly the previous experience in failure was one of the best lessons such cases could have had. Were not all of us tried by our parents and friends many times, and often at the point of social failure except that an indulgent parent was at hand to try us again and again until we eventually found ourselves?"

A modern hospital train has recently been presented to the state of Maryland by the Baltimore & Ohio, Western Maryland, and Pennsylvania railroads. The train was fitted up under the direction of the Maryland Preparedness and Survey Commission according to plans prepared by Dr. D. Z. Dunott, chief surgeon of the Western Maryland. It consists of three cars for patients, an operating car, a Pullman and dining car for the personnel of the hospital, and an express car, which carries two motor ambulances. An overhead trolley, by means of which a stretcher may be carried from one car to another, is a feature. The equipment is said to be quite up-to-date for a hospital of the kind and very complete. Patriotic women of Maryland have furnished many of the necessary supplies, including bed clothing, bandages, convalescents' clothes, and medicines. The train is stationed near Baltimore, and is in charge of Miss Rhoda Gillelan, a trained nurse.

NEW JERSEY COLONIES FOR THE FEEBLE-MINDED

Menantico Colony and Burlington County Colony Demonstrate Possibilities of Happiness and Usefulness for the Feeble-Minded and of Protection for Society in the Colony Plan

The Committee on Provision for the Feeble-Minded, in a recent publication,¹ shows how the feeble-minded, when colonized under intelligent direction, can be usefully employed and at the same time protected and kept happy and



Fig. 1. Feeble-minded boys making cement blocks to be used in constructing the buildings for Menantico Colony.

contented. Under good conditions and with a population including a fair percentage of the higher grades (imbeciles and morons), it is maintained, the annual expense of the colony should be less than \$100 a year for each inmate. Expensive buildings and elaborate equipment are not necessary. It is estimated that a colony of from 100 to 300 inmates can be comfortably housed in one-story frame or cement buildings and provided with necessary industrial equipment at a total cost of not over \$250 per capita. This estimate includes dormitory buildings, central kitchen and dining room, industrial building for those capable of using tools, horse barn, dairy barn and milk house, piggery and poultry houses, tool, machinery and wagon house, vegetable house and root cellar, water supply, sewerage system, administration building, and superintendent's residence. These figures imply the use of inmate labor wherever possible.

That such results are actually and practically attainable has been shown in Indiana, Massachusetts, Minnesota, New Jersey, and other states. The Committee on Provision for the Feeble-Minded describes two representative colonies, both in New Jersey. That state possessed, just west of the long strip so much frequented by holiday crowds, a strip of naturally fertile land, once inhabited and cultivated, but now largely deserted and relapsing into wilderness. The reclamation of this waste land was recognized as work peculiarly suitable for the feeble-minded.

Menantico Colony was established in 1913 by the directors of the Vineland Training School, in which the inmates of the colony have had preliminary training. The land, comprising 530 acres, cost \$10 an acre; the soil is suitable

for sweet-potatoes, berries and other fruits, and general truck-farming, while swamp-land along the banks of Menantico River are adapted to cranberry, huckleberry, and willow culture. Three portable buildings were placed on the tract, and several boys transferred thither and placed at work, under the direction of the mason, making concrete blocks for the construction of the remainder of the plant. Twelve boys were able to make about 600 blocks a day with a hand molding machine and a gasoline mixer. Up to November 1, 1916, accommodations for 120 boys had been provided, at a total cost for construction of \$27,734.58, or \$231.12 per capita. This does not include furniture and equipment. The buildings are light and airy and have hot-water heat, electric lights, and modern toilet fixtures. In addition, up to April, 1916, the boys had cleared about 115 acres, and had raised good crops of vegetables and melons.

All this work is productive not only of material benefit, but also of much happiness to the boys. In the first place, the size of the tract and the conditions of the life permit a considerable degree of freedom; the boys are able to roam the woods, to bathe in the creek, etc. Moreover, the making of their own home appeals to the pride of the boys; they are able to take a proprietary interest in the results of their labors—to speak of "our" colony, "our" field, "my" cow, or horse, or pig. And, still further, the work of cutting down bushes, pulling up stumps, and burning brush-heaps holds a special appeal for immature minds, in which destructive tendencies are strongly developed.

The Burlington County Colony, the other New Jersey experiment, was the outgrowth of studies made by Miss Elizabeth S. Kite under the direction of the state commissioner of charities, Joseph P. Byers. In tracing the family connections of one defective child, Miss Kite found a stock branching out through many counties and containing so many defective members that it seemed utterly out of



Fig. 2. Feeble-minded boys of Menantico Colony hoeing sweet potatoes.

the question to place all in any form of institution already in existence. Accordingly, the attempt was made to enlist the aid of citizens of Burlington County and of various state departments toward the development, at no cost to the state, of a colony on state land. It was intended that the colonists should, in return, aid the state departments by running fire lines, fighting forest fires, reforesting, and furnishing a place for agricultural experiment work. An 87-acre tract of land was secured from the Forestry Department, and meetings were held in nearly every commu-

¹Colony Care for the Feeble-Minded. Bull. No. 3 (price 5 cents), issued by the Committee on Provision for the Feeble-Minded, 702 Empire Building, Philadelphia.

nity in the county to raise money to initiate the enterprise. Subscriptions and contributions came in, not from the intelligent and well-to-do alone, but also from the poor who had seen the good done by the Vineland School. The neighbors of a little idiot girl who had been sent to Vineland shortly before brought in a good sum in ten-cent and quarter-dollar pieces "fer de keedie." Fifty cents in pennies was the sum collected from her friends by a poor mother whose boy was at Vineland. Foreign laborers at a seed nursery contributed ten dollars; the same amount came from the girls in a shoe factory, and five was the thank-offering of a little community in the heart of the pines whence a crippled child had gone to Vineland. Work was begun in January, 1914.



Fig. 3. One of the buildings at Burlington County Colony.

The expense of establishing the colony was approximately \$15,000. The buildings cost \$10,000; the equipment, including live-stock, wagons, farming implements, etc., was \$3,000, and the water supply, sewerage, etc., cost \$2,000. This provides accommodation for 50 boys, though the equipment is sufficient for a larger number.

This colony has lately been taken over by the state of New Jersey. An initial appropriation of \$25,000, made by the State Legislature for the establishment of a new institution, has been devoted to increasing the accommodations of the colony and paying its expenses.

The Committee on Provision for the Feeble-Minded points out that feeble-minded irresponsibles—the "innocents"—are too often being punished in jails and prisons, confined in almshouses and hospitals for the insane, or racked to meet normal requirements in schools or in other social relationships. They are not susceptible of reform; the environment of almshouses and hospitals for the insane is not suitable for them; in schools they are a drag on the progress of normal childhood, and in society generally they constitute an incubus as well as a potential menace. To be safe, happy, and useful they need a task under intelligent direction, and in an environment which makes no demands on them that they are not able to meet. "Once having learned how, a feeble-minded person is delighted to do a thing over and over, if some normal person will pat him on the back, encourage him and give him a smile." The welfare and happiness of these feeble-minded dependents, and the safety and good of society are to be gained by the same means. On every account, therefore, society cannot afford to continue its old, thoughtless, wasteful, and cruel neglect.

Improvements which will require an expenditure of \$3,000,000 during the next five years are being planned for the North Carolina state institutions.

THE NATIONAL CRISIS AND THE COLLEGE-TRAINED WOMAN

Need for Increase in Our Forces of Trained Nurses—An Appeal to the Patriotism of College Women From the National Emergency Committee on Nursing—Training Offered Under Specially Advantageous Conditions

The following letter, sent recently to the presidents and deans of colleges for women and to coeducational colleges, is but the beginning of a campaign which it is hoped will result in the enlistment in schools of nursing of college and high-school graduates throughout the country:

The national crisis brings an urgent call for the college-trained woman, which we ask your help in meeting. The war has now drawn to service in France hundreds of our most highly trained and skilled professional nurses, and in our hospitals and in the homes of the sick poor the loss of such workers is already felt. But so appealing is the call from France that we cannot fail to answer it, nor can we fail to answer the call for the many more hundreds of nurses which the next few months is almost certain to bring us.

The withdrawal of many skilled workers from a field which is never adequately supplied inevitably brings about a critical situation, and the effect upon our hospitals and training schools will be particularly disastrous in that those called away are now including and will continue to include very many of the superintendents and teachers who are needed to direct the teaching and training of future nurses. Not less disastrous will be the shortage in the public health field. By far the most important function of the visiting nurse is health education of the people.

Never was there greater need for the conservation of child life. Never was there greater need for the fullest enlightenment of all classes of society concerning hygiene and sanitation. Reports are coming to us of an appalling increase on the other side of those diseases which cause the greatest ravages in the social structure and we are not likely to escape these results of the war on this side. We shall need to increase greatly our forces of trained nurses in order to meet the grave consequences of throwing back into a country unable now to cope with its problems of poverty and sickness, these additional burdens of helplessness and disease. And we need to begin to train these larger forces for the certain task that is before us.

No contribution to the solution of this problem can be made by the short popular courses in nursing now so widely offered and urged. To meet it intelligently and effectively we must be able to call upon workers trained to understand and deal with disease, and such training can only be secured in the hospital laboratory and under expert direction. Schools of nursing should be able to train most rapidly those whose previous education has included a good scientific groundwork and some study of social subjects, and it is believed that such preparation as is obtained in our colleges justifies a shortening of the usual three-year period of training in the regular schools of nursing.

Because of the extraordinary condition a number of representative schools of nursing have, in response to our request, agreed to admit college graduates under specially advantageous conditions. Credit for a full academic year will be given to such candidates who bring satisfactory scientific and other preparation to meet the usual requirements of these schools of nursing. For women so prepared the course of training will be brought into a period of two years, exclusive of the brief term of preparatory work. It should be borne in mind that students in schools of nursing have usually no expense to meet for tuition, and in all schools board and lodging, laundry, and in some cases uniforms, are freely provided.

The desire of our college women to render real service in this great crisis is taken for granted. We wish here to urge, with all the emphasis at our command, the double importance of the opportunity for service now offered them. As students of nursing in our great hospitals they are from the day of entrance helping to take care of the sick as an essential part of their training, and are at the same time steadily at work qualifying themselves to enter a professional field which will assuredly afford them abundant opportunities to utilize the highest powers they may possess.

Because of the gravity of the situation with which we are confronted we feel it to be urgently necessary to take such steps as will look well to the future, and will enable us to meet its needs, in so far

THE MODERN HOSPITAL

as they now appear to be foreshadowed. A national emergency committee on nursing is being created, which will probably exist throughout the duration of the war, and is now preparing to supply later fuller and more specific information to your students, and to give such further advice as may be needed. In order, however, that this matter may be presented to your graduating students before they disperse, we are sending you this informal letter, begging you to find some suitable way of bringing it before the students and giving it the weight of your sanction and approval.

Faithfully yours,

LILLIAN D. WALD,
JULIA LATHROP,
ADELAIDE NUTTING,
ANNIE W. GOODRICH.

As is stated in the letter, a number of representative hospitals have signified their willingness to give some credit for college work. These institutions are as follows:

New York City: The Presbyterian Hospital, St. Luke's Hospital, Mount Sinai Hospital, Bellevue and Allied Hospitals, Post Graduate Hospital.

Cleveland, Ohio: Lakeside Hospital.

Providence, R. I.: Rhode Island Hospital.

Hartford, Conn.: Hartford Hospital.

Philadelphia: The Presbyterian Hospital.

Newton, Mass.: The Newton Hospital.

St. Louis: Barnes Hospital of Washington University.

Minneapolis, Minn.: The University of Minnesota.

Cincinnati: The University of Cincinnati.

Indianapolis: The Robert Long Hospital, The University of Indiana.

Augusta, Ga.: The University Hospital.

Boston, Mass.: The Massachusetts General Hospital is willing to arrange that the final year be spent with any organized district nursing association; the Peter Bent Brigham Hospital has taken in an extra class and will, if necessary, graduate its present students earlier.

Baltimore: The Johns Hopkins Hospital is governed by the Maryland law requiring three full years of training in the hospital.

Illinois: The same is true of all hospitals in the state of Illinois.

It is hoped that many more schools will be ready and able to make this arrangement.

A National Emergency Committee has now been created, with Miss M. Adelaide Nutting as chairman and Miss Ella Phillips Crandall as executive secretary, which includes in its membership Miss Lillian D. Wald, Miss Julia Lathrop, Miss Jane Delano, Dr. William H. Welch, Dr. Herman Biggs, Dr. Winford H. Smith, Dr. S. S. Goldwater, Dr. C. E. A. Winslow, and the presidents of the three nursing organizations. In addition to its appeal to young women to enter schools of nursing, this committee will stand ready to assist in making the readjustments that the emergency situation will inevitably call for.

This committee is already cooperating with the committee on nursing of the Mayor's Committee of Women on National Defense, New York City. This latter committee includes in its membership Mrs. William Church Osborn, Mrs. William K. Draper, Miss Lillian D. Wald, and other New York women who are prominent in the social field, together with representatives of the local nursing organizations. This committee has conceived that its most important service will be rendered through a survey of the nursing resources of the city which is now under way. It is hoped that this survey will make possible the establishment of a bureau through which effective readjustments of trained and volunteer nursing service can be made, and that the result will lead to the adoption of a similar survey of the nursing resources in other cities. This committee also feels that the gaining of additional recruits to fill the gaps in the nursing ranks is one of its functions.

The Maternity Hospital Society, an organization formed in Brooklyn about three years ago for the purpose of establishing a maternity hospital, has recently filed plans for a four-story building to cost \$50,000. The building will be erected at Howard and Dumont avenues.

HOSPITAL CARS FOR THE CANADIAN GOVERNMENT

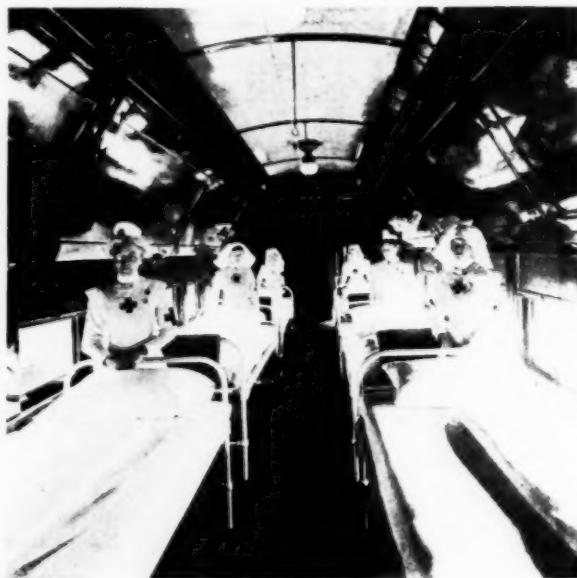
Comforts Provided in Cars for Invalided Members of Canadian Expeditionary Forces

BY ESTELLINE BENNETT, Chicago

Hospital cars for invalided members of Canadian expeditionary forces have just been put into operation in Canada by the Canadian Pacific Railway. They are constructed according to plans submitted by the railroad company to the director-general of supplies and transports two years ago when the government considered that the time was not yet ripe for them, with certain innovations added to the original plan during the two years which have been found valuable by the French and British railways in transporting men from the front, and they have gone into commission provided with every possible comfort and facility for medical care.

Six cars have been built, approved by the Military Hospitals Commission, and put into immediate use, under the direction of the Hospitals Commission.

Before being put into commission, these cars were inspected and approved by Col. Dr. Alfred Thompson, chief medical officer of the Military Hospitals Commission; Col.



Interior of Canadian hospital car.

J. J. Sharples, officer commanding the Military Hospitals Command; Col. Emmott E. Clark, assistant director-general of supplies and transport; Captain Symonds, architect of the Military Hospitals Commission; and S. A. Armstrong, director of the Military Hospitals Commission, who, having gone down to Montreal from Ottawa for the purpose of making the inspection, expressed themselves as entirely satisfied with the cars and made no suggestions for any alterations.

There are three units of two cars each, a composite car and a ward car. The composite car contains six cots and quarters for medical officers and nurses. Everything has been provided for the comfort and well-being, not only of the invalids, but also of those in charge of the patients. The accommodation for the nurses is equivalent to that of a drawing room on a standard sleeper, with a toilet room annex upholstered in leather and all possible train comforts. Facilities have been provided for the storage of baggage, and there also is a kitchen attached, such as is included in a tourist sleeper, to make it possible to pre-

pare special foods for the wounded soldiers when necessary.

The medical officers' quarters are fitted up in the form of a compartment with upper and lower berths and a small but complete dispensary.

The ward car consists of one large room, the length of a standard sleeper, with lavatories at each end. Standard hospital cots are installed in both cars; the floors are covered with linoleum and the aisles carpeted.

A special feature of the composite car is the "bad weather entrance." In addition to the usual entrance at each end, there are two side entrances, where patients will be received, and these are fitted with very heavy curtains which can be drawn closely in bad weather, thus affording ample protection from draughts to the patients already in the car.

The hospital cars easily are distinguished on any track by the large red cross painted on a white circle background on either side of the words, "Military Hospital."

INDUSTRIAL TRAINING FOR EPILEPTICS

Experience of Monson State Hospital—Employment Similar to Patient's Accustomed Vocation Most Successful—Rehabilitation of Deteriorated Patients Impossible

BY EVERETT FLOOD, M. D., Superintendent Monson State Hospital, Palmer, Mass.

In our experience, the most successful industrial training falls within three classes:

The first consists, in the case of those previously employed, in furnishing the patient with work similar to that in which he was engaged before commitment. Those afflicted with the disease to an extent which renders them incapable of sustaining their normal position in the community from which they come or of following their customary occupation, or those sent to the institution for antisocial conduct—all these patients deteriorate rapidly if not furnished with employment similar or equivalent to the occupations to which they are accustomed. These patients must have diversional as well as industrial employment, and amusement in addition. Among the amusements provided for patients at Monson during the past year have been baseball games, dances, excursions to Boston and to the lake, picnics, parties, moving picture shows, etc.

In the second place, those who have had no previous employment at home, having been waited upon and considered invalids on account of their disease, can in many cases be developed and their condition improved by teaching them, according to their sex, farm work, house work, laundry work, kitchen work, printing, mattress making, rug or loom work, basketry or other fancy work, both as diversion and as occupations.

In the third place, children who on account of their years have had no school training or who on account of their seizures coming on during school life have been prevented continuing attendance at public schools require diversional and industrial training. These children we have trained in manual work especially, and with the sloyd method by preference. I might mention that a bungalow and barn at Monson State Hospital have been finished by the labor of the boys, and we are now able to take care of our young stock in two barns which have been made out of two very poor barns through the labor of this group of patients. The completed bungalow, which has been made to a very large degree out of waste material, used slate, lumber, etc., from abandoned sheds, is a

very satisfactory building and furnishes a home for the attendant and his wife. Such a building constructed from new material would cost not less than \$1,800. The boys, however, have spent nearly five years in the work on the bungalow.

Of secondary importance to the manual training is instruction in the ordinary subjects of elementary education—reading, writing and arithmetic, music and drawing, and, for those capable of further development in this line, instruction in the higher branches of school knowledge. In teaching the children it is evident that there are certain types capable of manual training only, their disease affecting their memory so that it is impossible to go on with their academic teaching beyond a certain degree. Patients of another type are capable of still further development, of course. The lower grade of idiot and imbecile type is incapable of any development.

The regeneration of those demented and deteriorated is, in our experience, impossible and a wasted expenditure of energy.

We conclude that rehabilitating or making self-sustaining epileptic patients is a rare occurrence. When such cases occur, it is due to a remission of the disease, or to an infrequent occurrence of seizures combined with non-progress of deterioration, rather than a result of training. Practically all such patients leaving the institution require supervision to a more or less extent, or else they constitute a danger to the community.

Industrial training, in our experience, is of value in so far as it assists in the economic maintenance of the institution, prevents deterioration in those patients who are prevented from pursuing their vocations in the public community, prepares children to become of economic value to the hospital as they grow older, and makes partially self-sustaining, at least, those who would otherwise have been wholly a burden.

We find that there are still certain children who have been capable of receiving industrial training and educational training, who have a remission of the disease, and who are apparently normal. The problem is, while these patients may be capable of self-support in society, how can we segregate or supervise them to prevent their hereditary defects being transmitted to the offspring?

Bethany Hospital Baby Camp

Bethany Methodist Hospital, Kansas City, Kan., opened on June 1 on the hospital grounds a free baby camp for the treatment and care of sick, diseased, poorly nourished, hungry, and deformed babies under two years of age, irrespective of creed, color, nationality, or location. Free daily clinics will be held each day. There will also be lectures for the parents and all interested persons on conservation of life and health by the best physicians, surgeons, and scientific women. The camp will be held during June, July, and August. It is the hope of Bethany Hospital to reduce in this way the appalling mortality and suffering of the babies of Kansas City and vicinity.

Miss Katherine Major, of Seattle, was reelected president of the Washington State Nurses' Association at a meeting of the association held at Walla Walla the latter part of May. Other officers for the ensuing year are Miss Margaret Newcombe, Walla Walla, vice-president; Miss Isabella Frazer, Seattle, Secretary; Miss Beatrice Short, Spokane, assistant secretary; and Mrs. Etta B. Cummings, Tacoma, treasurer. Tacoma was selected as the next place of meeting.



Conducted by MISS ANNIE W. GOODRICH,
Teachers' College, Columbia University, New York City.

Please address items of news and inquiries regarding Department of Nursing to the editor of this department, Teachers' College, Columbia University, New York City.

Records of Schools of Nursing*

BY ALICE F. BELL, B. S., R. N., Teachers College, Columbia University, New York, Inspector of Schools of Nursing, Maryland.

In the progressive educational movement of the present day, nursing education has had its share. Much has been gained through a growing recognition of the importance of including in the professional preparation a considerable body of scientific knowledge, correlating with the practical experience. But many factors have intervened to unduly retard progress. Still unsolved is the problem of that method best adapted to combine, in suitable proportion, the old apprenticeship system and the theoretical teaching now held to be essential.

A brief survey of the situation serves to show one feature of training-school work which, to a certain degree, makes the question difficult. Many schools, endeavoring to fulfill ideal standards, have elaborated their curricula so as to include practically all essentials. In not a few instances a course of study is furnished that is well qualified to meet present-day demands. But a definite analysis of the relative values of such efforts is made difficult, if not impossible, by the frequent absence of authoritative records of training-school work.

In the larger schools such additions to the record system as seemed necessary have been made from time to time. Naturally, with a fairly adequate office staff, little attention has been paid to the amount of routine work involved. This has led in some instances to considerable duplication of detail, and a more or less elaborate system apparently beyond the possibilities of the smaller school. Besides, each school having worked out its own system practically independently of others, much lack of uniformity is to be noted. This tends to still further complicate a comparison of results.

The smaller school, looking to the larger institution for suggestions along such lines, is dismayed by the array of material presented. With the office staff probably limited to the already overworked superintendent of nurses, any system offering appears to demand more time than can be spared from other more immediately urgent duties. In consequence the small school records, as a rule, give the most meager information regarding the work of its students.

*The Editor has reason to believe that the utility and convenience of these nursing school record forms will be at once appreciated by hospital and training school officials. Obviously the cost of printing such forms separately for each hospital that may desire to use them would be prohibitive, as special plates would have to be made at considerable expense in each instance. If, therefore, there is sufficient interest manifested immediately by the readers of this journal in these forms, the publishers of THE MODERN HOSPITAL will furnish them in any quantity desired at a cost much less than that at which they could otherwise be obtained. The name of any hospital training school may be ordered printed in the forms where necessary.

Yet the very size of such institutions precludes the possibility of a definitely planned and systematically executed training. In many such the primary necessity of caring for the patients with a small nursing force entails much interruption of the students' class work, and also much irregularity in practical experience. No accurate records being attempted, the end of the course of training shows no definite information available as to either the theoretical or the practical work of the pupil. Certain classes and lectures have been held, but how many are actually attended by each individual pupil? Hospital records show certain cases in the various services having been under treatment during the pupil's period of training, but how many has she had an opportunity to observe?

The necessity of affiliation with other schools in order to supplement the pupil's training may be recognized, but only as a vague general principle. No records being available, there exists no definite basis for an accurate estimation of the needs of the students.

With evidence of an increasing number of nurses seeking postgraduate work in colleges and universities, there grows apace the necessity for accurate evaluation of the training school work. But such evaluation presupposes specific data regarding the number of hours actually spent in class work, whether laboratory work, as our ward experience might be termed, or theory in basic sciences or nursing methods. On such detail is based the total credit which the student is conceded on entering any educational institution upholding the usual standards. Surely any nurse, having spent two or three years in a hospital advertising, as in the majority of cases, a thorough course of training in the practice of nursing, should be enabled to procure at any time, from the accredited records of the training school, an explicit statement of the details of this training. Moreover, can any institution which lacks an accurate system of records show proof of having carried out its agreement with the student who enters for this "thorough course of training"?

In the following suggestions we wish to present a comprehensive plan of records, embodying, in a more or less modified form, the most desirable features found in material gathered from many sources. Through the courtesy of the leading schools throughout the country the department of Nursing and Health at Teachers College has been kept informed, from time to time, of developments along such lines of training-school work. This department is indebted to the following schools for many noteworthy points in the accompanying outline:

Peter Bent Brigham and Massachusetts General, Boston; Toronto General, Toronto; Illinois Training School, Chicago; University of Minnesota Training School, Minneapolis; Johns Hopkins, Baltimore; Mount Sinai, St. Luke's, Bellevue, Presbyterian, New York Post-Graduate Hospital, and New York Hospital, New York.

In general, any system of records should be comprehensive, yet essentially brief, avoiding as far as possible any duplication of detail. At the present time, when practically all business houses and other institutions have adopted the card system, it would seem hardly necessary to recommend it to the training schools; yet there are still to be found many schools clinging conservatively to the cumbersome book system. Long since have those schools making use of the card system realized its great superiority in efficiency and practical working value. It is to be hoped it soon will be universally accepted in schools of nursing.

It may be noted, however, in several systems examined, that various cards included show items which are repeated

in other permanent record forms. For example, the personal interview card gives such details as age, height, weight, nationality, etc., which also appear in the formal application blank, the student's history card, and the index file. One set of records showed such comparatively unimportant items occurring six times. Such errors as these serve to defeat to a marked degree the fundamental purpose of the card system. Why put on any card any information which is to be found elsewhere in the permanent records?

It is perhaps also interesting to observe that in all the records examined none have presented a picture of the actual clinical material by which the pupil has benefited during her training. We would like to call attention to the suggestion offered later as to a method of arriving at a satisfactory record of this most important phase of training. As every plant must be thoroughly tried out in practice before its real usefulness can be confidently asserted, several schools, at the present time, are making a test of this tentative scheme. Later, it is hoped, it will be possible to say that it proves generally acceptable.

LETTER OF INQUIRY, OR PERSONAL INTERVIEW

The first point of contact between the pupil and training school is the personal interview, or letter of inquiry, from the would-be student. Concerning the former, if the applicant appears to be desirable, it is well to make some notes, taking into consideration the personal equation. As a rule, to be of real value, these remarks are so intimate and personal in character as hardly to be included in a file intended for general use. Being closely related to the information given in the letter of inquiry, and in some instances substituted for the latter, the two may be filed together in a section in the vertical file reserved for such material. Though the personal interview card figures frequently in the records, it would seem somewhat superfluous, as practically all details entered on this card appear later in the formal application. If the applicant fails to follow up her first inquiry, such items are of no value. If the formal application be received, the information is available there without unnecessary duplication.

APPLICATION BLANK

As seen in Form 1, this shows considerable abbreviation of the usual form. Certificates A, B, C, and D (Forms 2, 3, 4, 5), relating, respectively, to the educational and physical qualifications of the applicant, are substituted for several items usually included in the application blank. Inasmuch as the ultimate goal we would wish to achieve for all schools of nursing is university recognition, it has been deemed necessary to elaborate somewhat the details of the applicant's preliminary education. Several schools throughout the country have already secured university affiliation, and the most likely basis for an extension of this to others lies in being able to make an accurate statement as to the qualifications of the student body for such recognition.

Certificates A and B (Forms 2, 3), slightly modified to meet our particular situation, are modeled closely after the prescribed forms of other educational institutions. Certificate C (Form 4), relating solely to the condition of the teeth, is felt to be justifiable inasmuch as, today, so much emphasis is laid on oral hygiene. Usually information on this point is covered in the list of questions to which the family physician is asked to make reply (Certificate D, Form 5). This latter form has been rather widely adopted. But with regard to the dental certificate, how many family physicians are in a position to make an authoritative statement? Does the applicant, if in doubt,

consult her physician or her dentist? Why not, if the item be of importance, have first-hand information?

LETTER OF REFERENCE (FORM 6)

It may be noted that the application blank calls for two names to be given as references. Such references are not, as a rule, required in an educational institution. But the peculiar problem of the hospital, with its responsibility to the community for those in its charge, makes of supreme importance the character of those carrying on its work; therefore it becomes important that references be required. Moreover, it has been found in the experience of many superintendents that, to be able to produce, at a critical moment, a comparatively reliable testimonial as to character of a certain student, proves an invaluable moral support. A list of questions, such as outlined, has proved to yield more satisfactory information than if the subjects be left entirely to the initiative of the correspondent.

FILING OF RECORDS

On receipt of the formal application, fulfilling satisfactorily all requirements, it may be filed, together with the letter of inquiry and note of personal interview, in an envelope marked with the student's name. Many variations as to the size of these folders are to be found in use, in all ranging from 4 by 8 inches to 9 by 11 inches, the latter being the standard letter size of the vertical file. An effort has been made, in compiling these accompanying forms, to secure as far as possible a uniform size of sheet—8 by 11 inches. This makes possible the use of the standard folder as provided in any vertical filing system, thereby reducing the labor and expense involved in procuring them.

INDEX FILE

At the same time a card (Form 7) is entered in the index file. These cards are to be had in three standard sizes—3 by 5 inches, 4 by 6 inches, or 5 by 8 inches. The form presented eliminates many items often entered, but none have been omitted which are not recorded elsewhere. Until the accepted applicant enters the school, this card may be temporarily filed in a separate section labeled "Waiting List." On her admission it is transferred to the section, "Pupils." Many schools have somewhat complicated their system by introducing a special card for the waiting list, which merely duplicates items entered elsewhere. It is believed that the arrangement suggested above will render this special card also superfluous.

The reverse side of the pupil card (Form 8) is planned as a record of the same student as a graduate nurse. At the end of the training the card may be reversed and placed in a section of the file designated "Graduates." Thus at any time complete information as to any nurse is available. This graduate section may be subdivided by colored guides, to show nurses on duty in the hospital as head nurses, etc., those engaged in private nursing, or various other fields. Additional sections may be arranged for "Affiliating Pupils" (Form 9) and postgraduate (Form 10), if such are admitted to the school; also one for "Pupils Resigned or Dismissed" before completing their training. If the total number of nurses to be accounted for be small, one filing section, with colored guides, may suffice. If it be a large group, different sections will be necessary, and the section corresponding in the vertical file designated, as is customary, by letter or number in the index file.

RECORDS OF THEORETICAL WORK

The Committee on Records and Reports of the National Education Association closes its report with the following

THE MODERN HOSPITAL

significant words: "Carefully collected and well-organized statistics are vital to the judicious administration of the school." It would appear, therefore, as before mentioned, that to a certain degree we have been struggling in the dark. Does it not seem at times as though we had accepted discrepancies between the prospective and the actual course of study as an inevitable accompaniment of our work? Not until we arrive at an accurate appraisal of such irregularities in training school practice can we hope to reach a thorough appreciation of their important bearing on the results achieved.

It is suggested that this difficulty may be met in part by the adoption of a class-book similar to that in use in college work (Form 11). This book is so arranged that the names of pupils in a class need be entered but once, yet the attendance and standing of the pupil for the whole term, instead of being compiled from different parts of the book, is presented to the eye at one glance. This book is very inexpensive and easily obtainable, and will save much laborious work for the instructor. At the end of the term the record of theoretical work can in a short time be transferred to the summary card (Form 20), which will be discussed later.

A study of the methods of record-keeping in other educational institutions will show great stress laid on an accurate record, as in Form 11, of the actual time spent in any given course of study, not only by the class as a whole, but by each individual student. Statements in regard to this point are, therefore, forthcoming in the case of any student other than a graduate of the present-day school of nursing. Through no fault of her own, when seeking to enter a university, the three years' work of the graduate nurse receives only an approximate evaluation—at that, probably a minimum estimate.

NURSING PRACTICE CARD

It is conceived that the preliminary course of study in the junior year has been more or less generally adopted. During this time the actual ward duty, if included at all, is usually very limited. The nursing practice card (Form 12) is arranged to cover the practical work taken up in this course, and also to extend over, at least, throughout the junior year. This is necessary inasmuch as some schools think it unwise, for many reasons, to teach the more advanced nursing procedures during the probationary period. This card is used to check up the class-room instruction, the pupil's demonstration before the instructor, and two or three observations by the head nurse in the ward of the pupil's ability to carry out each procedure. When reporting for duty in the ward, the pupil presents this card to the nurse in charge, who thus knows how far the pupil has progressed in the class room, and what may reasonably be required of her. The responsibility of the head nurse should not end, however, with merely recording the efforts of the pupil. If such be unsatisfactory, she should, working hand in hand with the instructor, endeavor to perfect the pupil's work. As this card is given fairly constant use, it is more serviceable if printed on rather heavy cardboard.

STAFF PHYSICIAN'S CERTIFICATE (FORM 13)

It has become the custom in many hospitals at the end of the probation period to have a physical examination of the pupil made by the staff physician having the nurses in charge. As a confirmation or refutation of the family physician's report, as a check on the effect the training may have on the physical condition of the pupil, and as a ready reference in the event of her illness, this has been

found to be highly satisfactory, and is to be recommended for general adoption. In the form suggested (Form 13), which is to be filed with the application blank, etc., are mentioned the most salient points.

DAILY TIME-BOOK

Any school wishing to establish a record system will find it advisable to begin with a daily time-book, a sample of which is to be seen in Form 14. The names of all nurses in the school, including graduates, pupils, and probationers, are entered each month. The number or initial letter of the ward or department where the nurse is located on the first day of the month, and any changes made during the month, are recorded under the appropriate date. A single check suffices to indicate the nurse's continued service in that department. Night duty may be clearly distinguished by entering in red ink. At the end of each month the day book totals will be posted on the various monthly record cards.

MONTHLY RECORD

The chief advantage of Form 15 is, that the full three years' practical work is presented at one view. This is contrary to what prevails in a number of our best schools, in which the form adopted fails to give this complete picture of the nurses' training. Furthermore, the special function of this record is most frequently lost sight of. It is intended, primarily, for constant use in the assignment of the pupil for a definite period of training in each department of the hospital. For this reason only the pupil's ward experience should be entered on this card. These cards should be filed, not in each pupil's envelope, but, in classes, in a common file—a reserved section of the vertical file—to be referred to whenever a change of pupils is to be made. Large classes will necessarily be handled best in sections. It has been found quite practical by superintendents in large schools to work out very quickly the reassignment of each group by spreading out their cards, thus getting a complete picture of the practical experience of the whole group for the entire time.

Such usage of the cards may destroy their freshness, but, as the information they contain is summarized elsewhere, it is not perhaps essential that these particular cards be retained in the permanent file. By no other method than that described above can the primary function of the card be assured—that is, to call the superintendent's attention, from month to month during the progress of the pupil's training, to the actual practice experience she is receiving, thus endeavoring to avoid any omission or undue extension of time in any service.

EFFICIENCY REPORT (FORM 16)

Several methods are found to obtain as regards the report by the head nurse of the pupil's general efficiency. The majority of these have left to the head nurse the selection of the terms in which to describe the characteristics noted. Such a method demands considerable time and thought, which frequently the nurse in charge feels can be ill spared from other duties.

Form 16 is adapted, in part, from the score card on field work as used in the Wisconsin Library School. This appears to cover all the points included in the forms in use at the present time in training schools. Its great value lies not only in the specific points suggested, accompanied by gradations of qualifying terms, but also in reducing to a minimum the amount of time and thought required to merely underscore the terms applying.

The score card mentioned above is officially announced

School of Nursing of
Hospital
APPLICATION BLANK.

(This paper to be filled out in the applicant's own handwriting and _____)

Superintendent of Nurses _____ Hospital _____ (Address.) _____)

Full name of applicant _____

Home address _____

Birthplace _____

Date of birth _____ month _____ year _____

Name of nearest relative _____ (To be notified in case of illness, etc.)

Address of nearest relative _____

Are you strong and healthy? _____

Have you any physical defects? _____

At what age did you leave school? _____

What educational advantages have you had? _____

State below:

	NAME	LOCATION	DATE OF ENTRANCE	DATE OF LEAVING
Elementary school	_____	_____	_____	_____
High School	_____	_____	_____	_____
Normal School or Academy	_____	_____	_____	_____
College or University	_____	_____	_____	_____

Occupation since leaving school _____

Have you ever been a pupil in any School of Nursing? _____

Name of such school _____

DATE OF ENTRANCE _____ DATE OF LEAVING _____

Names and addresses of two persons, not of your own kindred, for reference. _____

(With this formal application kindly send a personal letter and inclosed certificates A, B, C, and D, filled out as indicated. In the personal letter give a brief sketch of your life and educational advantages other than already mentioned.)

I certify the above statement is correct and filled out in my own handwriting. _____

Signed _____

Date _____ 19 _____. Present address _____

School of Nursing of

Hospital

A. CERTIFICATE OF HIGH SCHOOL STUDY.

(To be filled out and signed by the principal or some other authorized officer of the High School.)

This is to certify that the applicant, M.

(1) Was a student in _____ at _____
(Name of secondary school) (Location)

(2) Was duly graduated in _____ 19____

(2) On completed satisfactorily the subjects indicated below

(4) Left the institution in good standing.

(5) Is hereby recommended for admission to the School of Nursing of

Hospital.

First year	SUBJECTS	Weeks a year	Periods a week	Minutes a period	Standing, percent
completed					
or					
not completed					
Date _____					
Second year					
completed					
or					
not completed					
Date _____					
Third year					
completed					
or					
not completed					
Date _____					
Fourth year					
completed					
or					
not completed					
Date _____					

Signed _____.

Date _____ 19_____.
(Handwritten date)

Official title _____

School of Nursing of

Hospital

B. CERTIFICATE OF COLLEGIATE OR PROFESSIONAL STUDY.

(To be filled out and signed by some authorized officer of the College or Normal School.)
(Additional Blanks may be secured if more than one institution is attended.)

This is to certify that the applicant, M_____

(1) Was a student in _____ at _____
(Name of institution.) (Location.)

For a period of _____ years, beginning _____ 19_____, and ending _____ 19_____.
19

(2) Completed satisfactorily the subjects indicated below.

(3) Was duly graduated therefrom with the _____ degree _____ diploma in the year 19_____.
degree diploma

(4) Left the institution in good standing.

(5) Is hereby recommended for admission to the School of Nursing of

Hospital.

SUBJECT	No. of weeks studied	No. of periods per week		SUBJECT	No. of weeks studied	No. of periods per week	
		Lect.	Lab.			Lect.	Lab.

Average length of lecture or recitation period is _____ minutes. Average length of laboratory period is _____ minutes.

State (1) total number of "hours," "points," or "units" of credit earned by applicant during his entire course at the above-named institution _____

(2) Number of "hours," "points," or "credits" constituting a year's work normally _____

(3) Number of "hours," "points," or "credits" required for graduation at above-named institution _____

Signed _____

Date _____ 19_____ Official title _____

School of Nursing at Hospital**D. STATEMENT OF FAMILY PHYSICIAN**

Name of applicant _____

Exact date of birth _____

Height _____

Weight _____

What serious illnesses has the candidate had? _____

What infectious diseases? _____

Is she subject to headache? _____

Is she subject to throat disorders? _____

Is she subject to digestive disorders? _____

Is she subject to ovarian or uterine disorders? _____

What is her heredity, especially in relation to tuberculosis, epilepsy, or mental disease? _____

_____Is her menstrual function regular and normal? _____

Is breath odorless or otherwise? _____ Skin? _____ Any tendency to eczema? _____

Are her sight and hearing good? _____

Has she been successfully vaccinated within the last year? _____

_____Has she any physical defect which might interfere with the work of nursing? _____

Have you carefully examined the applicant? _____ Do you recommend her admission to the school? _____

Signature _____ M. D. _____

Residence _____

Date _____ 19 _____

School of Nursing of

Hospital

City _____, State _____

2. What has been your opportunity for personal acquaintance?

3. What can you say of her moral character?

Miss _____ has applied for admission to this school of nursing, and has given your name as reference. The work of nursing demands young women of absolute trustworthiness and of more than average intelligence and education.

It is also essential that pupils be of good character and in sound health of body and mind. Kindly answer the questions on the third page, and also furnish such information concerning her ability as you may have at your command.

Yours truly,

Superintendent of _____ School of Nursing.

4. Has she good habits and disposition?

(To be folded here.)

5. Has she a good fundamental education, and does she show evidence of good intelligence?

6. Has she any characteristics which would appear to disqualify her for this work?

7. General remarks

Signed _____

Address _____

Pupil _____	School of Nursing. _____	File No. _____
Name _____	Class _____	
Address _____		
Date of admission _____		
Date of acceptance _____		
Date of resignation _____		
Date of dismissal _____		
Date of graduation _____		
Remarks _____		

Form 7.

(Size, 4x6 inches.)

Graduate _____	School of Nursing, Class 191 _____	File No. _____
Name _____	Registration 191 _____	
Post-Graduate _____	From _____	To _____
	Professional Experience _____	From _____
	To _____	Location _____

Form 8.

Form 4.

School of Nursing of**Hospital****C. STATEMENT OF FAMILY DENTIST**

This is to certify that the applicant, M _____

on _____ 191 _____, came to me for an examination of her teeth, which I found to be in _____ cond.

I have since then given treatment necessary.

Signed _____

D. D. S.

Address _____

Date _____ 19 _____

(Size, 5½x8 inches.)

Form 9.

Affiliating Pupil _____ **School of Nursing.** _____ **File No.** _____

Name _____

School _____

Admitted _____ 19_____ Course completed _____ 19_____

(Size, 4x6 inches.)

Form 10.

Post-graduate Pupil _____ School of Nursing. File No. _____

Name _____ School _____

Address _____

Admitted _____ 19_____ Course completed _____ 19_____

Accepted _____ 19 _____ Dismissed _____ 19 _____

(Size, 4x6 inches.)

Form 11.

Class in	Section	Number	NAME	Days of Month #	Month #	Memoranda of Lessons assigned	Center of book.												
							Summary												

No. in Class	Rank	Monthly average	Exam.	Daily average	No. Recit. made	Summary	Perform here.												
							No. in Class												

This blank to be torn off so as to expose the column of names at the left when the leaf is turned.

Perform here.

(Size of book when closed, 4 $\frac{1}{4}$ x 8 inches.)

(Size of book when closed, 4½ x 8 inches.)

Center of book.

Performed here.

This blank to be torn off.

Reverse side of Form 11.)

School of Nursing of _____ Hospital

NURSING PRACTICE

Miss _____ Class 19 _____

	Class Room	Pupil Dem.	Wd.	Wd.	Wd.
Care of room or ward					
Care of service room, bath, toilet					
Care of linen room					
Care of serving room					
Feeding helpless patient					
Bedmaking without patient					
Bedmaking with patient					
Care of bed and bedding					
Admitting patient, care of clothing, etc.					
Prep. for and assisting with tub bath					
Bed bath and toilet					
Moving and lifting patient in bed					
Moving and lifting patient to chair					
Moving and lifting patient to stretcher					
Use of pillows, pads, air cushions					
Use of back rest, cradles					
Special care of back, mouth, teeth					
Preparation for the night					
Washing the hair					
Preparation for physical examination					
Preparation of specimens					
Charting					
Temperature, pulse, and respiration					
Care of rubber goods and use					
Solutions					
Sterilization and care of instruments					
Disinfection of excreta					
Disinfection of clothing					
Application of fomentations					
Application of turpentine stupes					
Application of cold compresses					
Giving foot bath					
Mustard plaster					
Linseed poultice					
Use of cautery					
Preparation for operation					

Miss _____

Class Room	Pupil Dem.	Wd.	Wd.	Wd.
Expression of stomach contents				
Stomach lavage				
Stomach gavage				
Simple enema				
Small enema, oil				
Small enema, nutritive				
Small enema, starch				
Enteroclysis				
Colon irrigation				
Vaginal douche				
Sponge bath				
Typhoid tub bath				
Alcohol sponge				
Cold pack, temperature				
Cold pack, sedative				
Hot pack, dry				
Hot pack, moist				
Giving of medicines				
Croup tent				
Inhalations				
Hypodermic injections				
Gynec. positions, prep. for examination				
Catheterization				
Catheterization for specimen				
Bladder lavage				
Surgical dressings				
Preparation for plebotomy				
Preparation for blood culture				
Preparation for lumbar puncture				
Preparation for hypodermoclysis				
Preparation for paracentesis, chest				
Preparation for paracentesis, abdomen				
Cupping				
Administration of oxygen				
Care after death				

School of Nursing of**Hospital****STAFF PHYSICIAN'S CERTIFICATE**

Wd. Wd. Nurse's Name _____

Family History _____

Cardiac System _____

Respiratory System _____

Nervous System _____

Urinalysis _____

Miscellaneous _____

Recommendation _____

Signed _____

Date _____ 191

(Note. Physical examination of probationers at end of preliminary period.)
(Size, 8x11 inches.)

School of Nursing of

Month 191

Hospital

Daily Time Book

卷之三

10

MONDAY, MAY 10, 1948

1152

(Size, 8x13 inches. The space for "Remarks" may be extended 2 additional inches.)

MONTHLY RECORD

Form 15.

Name _____

卷之三

Nursing.

First Year

(Size, 8x11 inches.)

School of Nursing of

Hospital

Ward

Form 16.

Date

Miss

Class

EFFICIENCY RECORD

Service

Miss

Class

PERSONALITY
(Underline grade which may apply.)

Enthusiastic very moderately lacking
 Sympathetic very moderately lacking
 Even tempered always fairly irritable
 Fretful very fairly blundering
 Adaptable very moderately inflexible
 Sense of humor much little unduly serious
 Resourceful very moderately dependent
 Industrious very moderately indolent
 Dignified always moderately undignified
 Personal neatness marked moderate slovenly
 Courteous always generally discourteous

PROFESSIONAL FITNESS

Accurate very fairly inaccurate
 Punctual always fairly tardy
 Neat worker very fairly careless
 Rapid worker very fairly slow
 Reliable very fairly irresponsible
 Conscientious
in detail very hardly not at all
 Takes criticism in good spirit poorly resents
 Initiative excellent some none at all
 Loyal very hardly disloyal
 Memory excellent fair forgetful
 Power of
observation excellent fair unobservant
 Interested in
work very much blase lacking

Remarks _____

GOOD POINTS

(That will make for student's success—underline.)

Good health _____ Professional attitude _____
 Address _____ Cheerfulness _____
 Intelligence _____ Wins cooperation _____
 Culture _____ Stimulating to associates _____
 Executive ability _____ Interested in people _____
 Good technical work _____

WEAK POINTS

(That will make for student's failure—underline.)

Poor health _____ Immature _____
 Nervousness _____ Talks too much _____
 Languidness _____ Self-centered _____
 Lack of interest _____ Aggressiveness _____
 Poor technical work _____ Diffidence _____
 Questions authority _____ Insincerity _____
 Lack of promptness _____ Antagonizes people _____

Remarks _____

Service _____

School of Nursing of

Hospital

Miss

Class

(To be torn off at perforated line.)

SUMMARY OF CASES

(Size, 8x13 inches. The space for "Summary of Cases" may be lengthened 2 additional inches.)

School of Nursing of

Hospital

Name _____

Summary Card

Class _____

Form 18.

Number of hours of instruction

SUBJECTS	SUMMARY OF PRACTICAL WORK									
	Total Lect. Rec. Lab.	Preliminary Lect. Rec. Lab.	First Year Lect. Rec. Lab.	Second Year Lect. Rec. Lab.	Third Year Lect. Rec. Lab.	Final Rating	Men Women	Men Women	Obstetrics Hydrotherapy Dispensary Men Women	Obstetrics Babies O. R. Men Women
Anat. and Phys.										
Bacteriology										
Hygiene										
Household Econ- omy										
Chemistry										
Dietetics										
Mat. Med.										
Massage										
Nurs. Principles and Methods										
Elem. Pathology										
Med. Nursing										
Commun. Diseases										
Pediatrics										
Psychiatry										
Spec. Therap- eutics										
Surg. Nursing										
Gynecology										
Orthoped. Nurs'g										
Obstet. Nursing										
E. & E., N. & T.										
Venerel Dis.										
Prin. of Ethics										
Elem. of Psy- chology										
Hist. and Social.										
Basis of Nurs'g										
Mod. Soc. Prob.										
Profess. Prob.										
Emerg. Nurs. and										
First Aid										
REMARKS										
RECORD OF OBSERVATION OF CASES										
ORTHOPEDIC										
MEDICAL										
SURGICAL										

ORTHOPEDIC

(Reverse side of Form 18.)

THE MODERN HOSPITAL

as "one result of study by and conference with the Wisconsin University Survey." It has been put into wide circulation by the New York Institute for Public Service, with the accompanying terse comment: "In what, if any, kind of work are not such specific questions helpful?"

In many schools of nursing such a report is turned in by each head nurse every month for every pupil in her ward. Might it not be sufficient to make this report at, or just previous to, the time the pupil is transferred to another department?

CASE RECORDS (FORM 17)

The case record sheet, referred to earlier in this paper, is a decided departure from usual methods in that the pupil herself is responsible for it. The form is so arranged as to present an actual picture of the ward as it appears during the entire month.

On the first day of the month the pupil enters in each space the diagnosis of the case occupying the bed designated. A check suffices to indicate the continued occupancy. On the day the patient is discharged it is so recorded, and the new case entered when received in the ward. If the bed remains empty, the corresponding space will remain blank. At the end of the month the pupil summarizes the cases on the form provided below, the whole being verified by the nurse in charge. The summary alone is turned in to the superintendent's office, the pupil retaining the detailed form for her own use.

The pupil herself keeping this record, it is believed much greater interest in the actual cases in the ward will be stimulated. Too often does it appear that the emphasis is placed on mere ward routine. There will necessarily be promoted a certain amount of desirable discussion between the head nurse and the pupils concerning the cases in question. This of itself may tend to counteract the feeling, on the part of the nurse in charge, of a lack of responsibility for the education of the pupil, since so large a part of such duties which formerly fell to her now are placed in the hands of the instructor.

In addition, it is felt that the correlation of theory and practice may be considerably furthered by the use of these case records in the class room. In the cooperative system of training, as established in the Cincinnati College of Engineers, some points of similarity to our problem may be noted. The student divides his time between the practical work in the shop and the study of theory in the university. Experience has taught that it is necessary to have a separate set of men, known as shop coordinators, to connect the work of the shop with that of the university. These men, in the capacity of instructors, divide their time as do the students. Could such a system be applied to our schools, we should see less of class-room teaching apparently ineffective in its application to ward duty. Failing this, may not the pupil bring into the class room, with her case records, somewhat more of the problems of her ward work than is done at the present time?

From the material offering the instructor may readily select cases of special interest for intensive study, either by the individual pupil or the class as a whole. It may be understood, as a matter of routine, that any pupil may be called on to describe to the class the symptoms and treatment of cases of particular interest. The reverse side of her record may be used to jot down any points she has felt worthy of note.

SUMMARY CARD

In Form 18 is shown the final permanent record, which is practically self-explanatory. It follows closely the order adopted in the detailed forms from which it is compiled.

As regards the summary of the case records—reverse side of summary card (Form 19)—it may be decided that it is not really essential, the main objective being attained in the points just mentioned. In such case the various reports turned in at the superintendent's office may be filed, if desired, in each individual folder.

In the efficiency record summary the suggestion of a code is offered as being sufficiently significant, and affording much economy of time and space.

In the summary of the theoretical work the differentiation of lectures, recitation, and laboratory work may be noted. This is felt to be essential in that in the evaluation of a course of study two hours of laboratory work are considered as the equivalent of one hour of recitation or lecture. This again is carrying out the method followed in other educational institutions.

Vancouver General Hospital News

During the past six months the Vancouver General Hospital has seen rapid growth. Early in the year the new Convalescent Hospital, with a capacity of 200 beds, was opened up at Marpole, seven miles out. This institution, situated on a southern slope and close to the Fraser River, in the midst of a fine rural district, will surely have very satisfactory results and lessen the days' stay in the hospital. Miss E. Cottrell is in charge as supervising nurse.

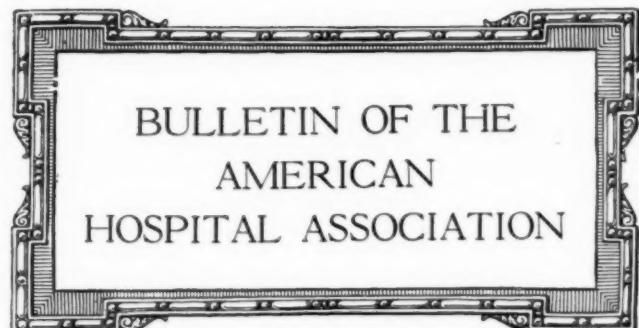
Early in February the new Infants' Hospital was opened up in the West End. This hospital has a capacity of 80 beds, is arranged modernly and well equipped with ample provision for the maximum amount of light and air for the infants. Infants under 2 years are treated here. Miss Waterman, late assistant superintendent of the Rotch Memorial Hospital, Boston, is in charge. The Sick and Well Baby Clinics are held here twice a week and are now under the direction of Dr. E. D. Carder, pediatrician to the hospital. The central milk depot for the city will be situated here, and the city child's welfare nurse will work in conjunction with the clinic.

In the latter days of May the new military annex was opened up. This building is arranged with every possible modern and convenience and comfort and a thoroughly up-to-date, complete equipment has been installed, this wing costing in the neighborhood of \$80,000. Already stretcher cases are arriving and soon it is expected that the 320 beds will be filled. Miss M. McLeod, late assistant superintendent of the Vancouver General Hospital, will have charge as supervising nurse.

This makes the entire institution a 1,200-bed hospital, and the work of the main building and the three branches will be carried on by the one administration.

The board of directors and the superintendent of the Vancouver General Hospital are making arrangements for a local convention of hospital superintendents and trustees, to be held in Vancouver in the near future. Possibly a British Columbia Hospital Association will be formed, and will comprise the superintendents and trustees of the seventy-two hospitals in the province. It was hoped that a convention would be held here in June, but owing to the stress of special work on the hospital authorities during the summer it will have to be deferred.

Being unable to secure a renewal of an expired lease on quarters it has occupied for the last three years, the Joplin Central Hospital, maintained at Joplin, Mo., by an organization of local physicians, has suspended service until a suitable building can be provided.



Monthly Bulletin issued from the Executive Offices
Medical Arts Building, Philadelphia, Pa.
WILLIAM H. WALSH, M. D., Secretary.

Official Bulletin for June

TRUSTEES' MEETING

The board of trustees met at the Willard Parker Hospital June 9, at which time many subjects of importance to the association were discussed.

CLEVELAND CONVENTION

Regarding the nineteenth annual convention, the following preamble and resolutions were unanimously passed:

WHEREAS, On account of the existence of a state of war there have arisen many new problems and matters of the most extreme importance to the hospitals of the country, and,

WHEREAS, It is the belief of this body that an assemblage of the hospital administrators of the country will be of distinct advantage to them, to the institutions represented, and an aid to the government in its plans for preparedness; therefore be it

Resolved, That the board of trustees of the American Hospital Association hereby affirms its conviction that the nineteenth annual convention should be held in Cleveland, Ohio, September 10-15, and be it further

Resolved, That the keynote of this convention shall be the preparedness of the hospitals of the country for any exigencies that may arise as a result of the war, and be it further

Resolved, That such time as had been arranged for social entertainment should be devoted solely to the presentation and discussion of such subjects, in addition to the regular program, as may be outlined or suggested by the Council of National Defense.

The trustees urge every member of the association not only to attend the convention, but to further add to its value by bringing to it every trustee, superintendent, or other hospital official that can possibly be spared.

THE HOSPITAL STAFF

From information given by the Surgeon General of the Army at the convention of the American Medical Association held recently at New York, it is evident that within a short time it will be necessary to devise some means, very likely by act of Congress, for the selective conscription of physicians, and it would not be amiss at this time for us to consider certain matters in connection with exemptions.

One of the obstacles being met at this writing in securing a sufficient number of doctors is the plea of some that on account of their hospital connections it will work a hardship for them to be taken away.

We fully realize the importance of hospital work and the necessity for many physicians to remain at home for this duty, and already suggestions have been made through these columns for hospitals to reorganize their staffs so that each necessary hospital could maintain a complete staff and so that every possible qualified man might be released. The fact must be faced, however, that throughout the country there is an excess of so-called hospitals, some of which are conducted for the sole purpose of caring for the private patients of the physicians connected there-

with. There are also a great many other hospitals doing a small amount of charity work, and a large number of special hospitals that might be advantageously closed during the present emergency, the patients patronizing them being instructed to seek treatment at one of the larger hospitals in the vicinity.

Reliable information at hand indicates, more particularly with respect to metropolitan hospitals, that a percentage closely approximating 33% of all the hospital beds are vacant during the greater part of the year, and the exodus of thousands of men from those communities will largely increase this percentage. It would seem, therefore, that no great hardship would be entailed if a considerable number of the hospitals mentioned turned their work over to the large general hospitals that, under any conditions, will maintain an adequate staff, including all the special departments. Much as it may be deplored that any of the country's institutional facilities for the care of the sick should be curtailed, it is certainly possible to advance sound logical arguments in favor of this very practical procedure.

The first hospitals that should receive careful scrutiny by those who are delegated to exempt physicians should be those of a special character—gynecological, maternity, eye, ear, nose, throat, cancer, orthopedic, etc. It is no exaggeration to say that *all* of the cases treated in such hospitals can be efficiently taken care of by any well-organized general hospital, and by the adoption of such a procedure there would at once become available for the care of our sick and wounded soldiers a large proportion of physicians and surgeons of military age.

Another phase of this subject, so ably pointed out by Sir Henry Burdett, is that of operations performed that are not of an urgent nature. It must be admitted that a liberal percentage of the operations now so plentifully undertaken, particularly in gynecological clinics, are operations of convenience rather than of necessity. Many surgical procedures can, without risk of undue suffering, well wait a year or so until the war is over in order that the great army of surgeons may concentrate their energy and skill upon the saving of the lives of those of our citizens who may be wounded in war.

If hardship, unnecessary suffering, and inconvenience are to be avoided it behoves all hospital managements to carefully consider the possibility, now almost a certainty, of enforced medical service, and unless the reorganization is completed well in advance, there will be no justification for complaint after the government has commandeered the medical men of those hospitals that have not prepared for the inevitable.

It is suggested that every hospital, on the completion of reorganization, send to the War Department a list of physicians necessary for the proper conduct of the institution.

INCORPORATION OF THE AMERICAN HOSPITAL ASSOCIATION

The trustees decided, after considering the laws of various states in regard to incorporation, to recommend to the association that such steps as may be necessary for the incorporation of this association by a special act of Congress be taken if and when possible. If it is found impossible to accomplish this, it is further recommended that the organization be incorporated in the District of Columbia. This matter will be presented at the meeting in Cleveland.

COMMERCIAL EXHIBIT

A special effort is being made by this office to make the commercial exhibit one of preparedness, and every exhibitor will be requested to display those products that have any bearing upon war-time usage; for instance, it will

THE MODERN HOSPITAL

probably be possible to display a complete base hospital operating room, portable x-ray apparatus, emergency surgical outfits, etc. As many hospitals are or will be in the market for these things, the display contemplated will be most timely.

CAMPAIGN FOR NEW MEMBERS

The trustees decided to recommend to the association any legitimate means for the enlargement of the organization, and the campaign idea will therefore be presented to the members at the convention. It would aid our plans materially if all members of the association would send us a copy of their last annual report. Several similar appeals have been made in these columns, but up to the present time not more than a dozen have reached us. Do it now, please!

REGISTRATION BUREAU

Hospitals desiring candidates for vacant positions will save themselves much worry and expense and will confer a favor upon this bureau by advising us when vacancies occur. We have at all times the names and references of very desirable people and we are glad to supply such to any institution making a specific request to this office. One of the best references for a hospital worker is the presentation of evidence of membership in the American Hospital Association, and every candidate listed is a member in good standing.

COOPERATION WITH THE HOSPITAL BUREAU OF STANDARDS AND SUPPLIES

With the object of extending if possible the usefulness of both the American Hospital Association and the New York Purchasing Bureau, the secretary has been in communication with that bureau, submitting the results thereof to the trustees. Up to the present time nothing definite has been accomplished; however, the secretary has submitted the following recommendations, which have been approved by the board:

First: That negotiations be continued with the object of learning whether or not special rates could be quoted to new members secured by the American Hospital Association.

Second: That before such privileges are seriously considered an attempt be made to have changed those provisions of the constitution of the Bureau of Standards and Supplies depriving non-resident members of full participation in the management of the bureau.

Third: That if no mutual understanding can be reached whereby the membership of this association may receive the manifest benefits of the present agency, the secretary be authorized to formulate plans to be submitted to the American Hospital Association, for the inauguration of a service of similar nature, at such time and to such an extent as the funds of the association will permit.

The Rockefeller Foundation has recently announced, through its newly appointed president, Dr. George E. Vincent, that a new gift of \$25,000,000 has been received from Mr. John D. Rockefeller, raising the total endowment to \$125,000,000. It was also announced that the directors of the Foundation have set aside \$10,000,000 to meet present and future obligations arising out of the war. According to Dr. Vincent, the Foundation is particularly interested in the proposed mobile motor hospital of the Yale Medical School, designed for military purposes, and with which it will be possible to set up 100 to 200 beds with a complete operating room and food kitchen close to the firing line on very short notice. A hospital of similar type is said to have been already successfully developed by the French.

STATE OF OHIO TO STUDY PROBLEMS OF HOSPITALS, MEDICAL LICENSURE, AND EDUCATION

Governor Cox Appoints a Voluntary Committee to Study System and Laws Relating to Public and Private Hospitals, and Medical Licensure and Education

In view of the lack of available information relating to public and private hospitals, medical licensure, and medical education, and the laws relating to these subjects in the state of Ohio, Governor Cox of that state has appointed a committee to study the subject. This committee consists of Mr. Howell Wright, secretary of the Cleveland Hospital Council, and Mr. George V. Sheridan, executive secretary of Ohio State Medical Association. The committee is to make a survey covering the following subjects: (1) the present system and laws relating to the incorporation, licensing, inspection, supervision, and regulation of public and private hospitals; (2) the present system and laws relating to medical licensure and medical education and the education and licensure of those who treat the sick public by systems of healing other than medical. The committee is to make the survey in cooperation with the members of their respective organizations and is to endeavor to secure the cooperation and approval of the leading authorities of the state interested in such matters. The findings and recommendations are to be reported, if possible, on or before January 1, 1918.

THE FEEBLE-MINDED IN COURT

Society's Irrational Methods of Dealing With Its Weaker Members—Hospital Treatment Needed

Dr. V. V. Anderson, medical director of the Boston Municipal Court, states in the *Boston Medical and Surgical Journal* that, out of a group of 1,000 offenders, he found 36 per cent feeble-minded. This, he remarks, does not represent the percentage of feeble-mindedness among offenders in general. The study was made on a selected group of difficult cases, as are other studies made on inmates of penal institutions. The most reliable work indicates that not more than 10 percent of all offenders are feeble-minded, but this 10 percent gives almost as much trouble as all the rest put together.

Dr. Anderson presents data of 100 cases drawn from his files. All these feeble-minded persons early showed deviations from the normal. Only 7 percent reached the eighth grade in school; 68 percent were unable to get further than the fifth grade. Seventy-five percent were not self-supporting. All were as unable to learn from life as from school. Whether placed on probation, sent to prison, or reprimanded by the judge and the cases placed on file, the effect seemed the same: the men were back in court at the earliest possible moment. These 100 delinquents had been arrested altogether 1,825 times; they were placed on probation 432 times; they received 735 sentences (amounting to a total of 106 years), not including 250 indeterminate sentences. Though all were adult in years and physical development, 75 percent had the mental level of children under 10 years. The failure to recognize in time the mental arrest of these persons has robbed them of whatever chance of improvement they once had—for they might once have been made happy and useful in a limited environment suited to their limited capabilities. Still, Dr. Anderson believes, it would be more economical, even now, to provide suitable hospital care for these unfortunate than to go on forever locking them up in jails and turning them out again.



OHIO STATE HOSPITAL ASSOCIATION

Interesting and Profitable Program Presented at the Third Annual Meeting in Columbus

The Ohio State Hospital Association held its third annual meeting in Columbus May 22 to 24. The meeting was called to order Tuesday afternoon by the president, Rev. A. G. Lohmann. A welcome was extended to the association on behalf of the city of Columbus by Mayor Karb. Papers on "The Building of the American Hospital" were presented "From the Viewpoint of the Superintendent" by Mr. F. E. Chapman, superintendent of Mount Sinai Hospital, Cleveland, and "From the Viewpoint of the Architect" by Mr. Charles F. Owsley, architect and designer of St. Elizabeth Hospital, Youngstown. The papers were discussed from the viewpoint of the visiting staff by Dr. J. F. Baldwin, member of the medical staff, Grant Hospital; and from the viewpoint of the nurse staff by Miss Harriet L. Friend, chief nurse examiner, State Medical Board, Columbus; and others.

At the evening session of the same day the secretary, Mr. Howell Wright, presented the report of the executive committee, and the report of the auditing committee was also heard.

A paper was presented by Dr. Robert G. Paterson, secretary of the Ohio Public Health Federation, Columbus, on "State Resources and Needs for the Care of the Sick Who Cannot Be Properly Cared for in the General Hospital." Dr. Paterson discussed the problems of infirmary hospitals, contagious disease hospitals, hospitals for the insane, for the feeble-minded, for the epileptic, for the tuberculous, for crippled and deformed children, etc. He concluded that the greatest need of Ohio in the hospital field today is the establishment of a central bureau in some state department, preferably the state department of health, where the facts relating to hospital service through the entire state may be regularly and systematically gathered and where some degree of control over hospital organization and management may be exercised. The discussion of this paper was opened by Dr. Charles H. MacFarland, Jr., superintendent of Cleveland City Hospital.

A paper on "The Place of the Individually Owned and Operated Hospital in the Community" was then read by Dr. Ben McClellan, member of the State Medical Board, Xenia. The discussion of this paper was opened by Miss Mary Roberts, superintendent of Holmes' Private Hospital, Cincinnati.

On Wednesday morning, May 23, a letter was read before the association from Emma A. Andrews, superintendent of the New England Baptist Hospital, protesting against the ruling made by the American Red Cross providing that only nurses who have graduated from hospitals having a daily average of fifty patients shall be eligible for Red Cross service. The communication was referred to the committee on resolutions.

The program was continued by a round-table discussion under the chairmanship of Dr. A. C. Bachmeyer, superintendent of Cincinnati General Hospital. The first subject presented was "The Care and Control of Hospital Linen,"



MR. F. S. BUNN,
PRESIDENT OHIO HOSPITAL ASSOCIATION,
Superintendent City Hospital, Youngstown.

by Dr. A. R. Warner, superintendent of Lakeside Hospital. A very interesting and practical discussion followed.

Mr. P. W. Behrens, superintendent of Toledo Hospital,



DR. E. R. CREW,
SECRETARY-TREASURER OHIO HOSPITAL ASSOCIATION,
Superintendent Miami Valley Hospital, Dayton.

Toledo, then spoke on the question "How to Meet the Increased Cost of Hospital Operation." This also was followed by a profitable discussion.

Sister M. Genevieve, of St. Elizabeth's Hospital,



Group picture of persons attending the annual convention

Youngstown, discussed "Labor-Saving Devices in Hospitals."

A paper on "Economy in Preparation and Saving of Food" was read by Miss Lulu Graves, dietitian of Lakeside Hospital, Cleveland, and editor of the Department of Dietetics in **THE MODERN HOSPITAL**. Miss Graves made a strong point of the necessity of distinguishing between practical and theoretical economy and of figuring the expense of labor.

Mr. F. S. Bunn, superintendent of Youngstown City Hospital, spoke on "The Hospital's Responsibility for Giving Out Prompt and Reliable Information." He said that, while it was necessary to be very careful about the giving out of information to newspapers, it was found that often lack of information gave rise to suspicion. There was need for tactful and careful handling of the question.

At the end of the round-table discussion Mr. Howell Wright offered a resolution that the Ohio State Hospital Association offer to the National Council of Defense and to the Governor of Ohio their hearty cooperation and assistance in whatever way it might be desired.

Luncheon was served at Memorial Hall. The afternoon was devoted to an automobile ride and visit to state institutions, and the evening to an informal banquet at the Hartman Hotel.

At the banquet session Dr. John G. Bowman, director of the American College of Surgeons, read a paper on "The Place of the American Hospital in Medical Education." Dr. Bowman emphasized the responsibility of the hospital toward the intern in the way of creating a fine ideal of service, giving him laboratory training, prohibiting fee splitting, and keeping accurate records.

Dr. John M. Baldy, president of the Pennsylvania Bureau of Education and Medical Licensure, then read a paper on "The Equipment of the Modern Hospital for Purposes of Medical Teaching." Dr. Baldy asserted that an active, intelligent, and willing medical and surgical staff was the most potent item of equipment of a hospital for teaching purposes. He also emphasized the importance of adequate histories.

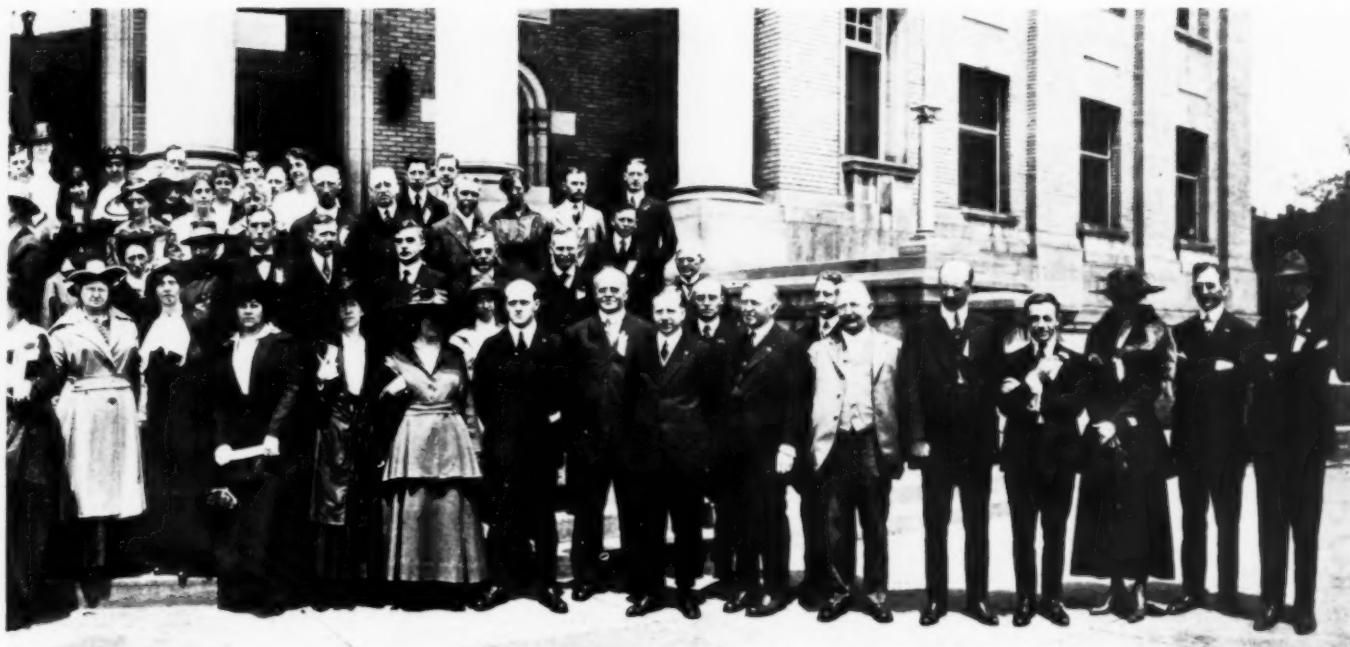
At the morning session on Thursday, May 24, Mr. Howell Wright, secretary of the association, read a paper on

"The Importance and Need of State-Wide Hospital Organization." Mr. Wright is a state senator and has been appointed by Governor Cox a member of a commission to work out problems involved in making the hospital survey. At the end of his paper Mr. Wright announced that he was authorized to invite the association to appoint some committee to cooperate with his own commission. The association then passed a motion instructing the executive committee to cooperate with Mr. Wright's commission.

A paper, "Qualifications Demanded of the Nurse as a Hospital Superintendent," by Miss M. A. Lawson, superintendent of Akron City Hospital, Akron, Ohio, was read in Miss Lawson's absence by Mr. Bunn.

The reports of the committees on constitution, membership, legislation, time and place, and the following resolutions were then presented and passed: a resolution requesting the officers of the American Hospital Association to take steps to induce the Red Cross to set aside the ruling against the eligibility of nurses who are graduates of hospitals having a daily average of less than fifty patients; a resolution that the constitution be amended so that members of the executive committee be elected to serve for a term of five years, one to be elected each year; a resolution presented by Mr. Howell Wright offering to the National Council of Defense and to the governor of Ohio the cooperation and assistance of the Ohio Hospital Association; a resolution offering the thanks of the association to all who have contributed to the success and pleasure of the meeting; and a resolution that, in view of the insufficient number of graduate and pupil nurses to provide adequate care of the sick, the association requested the state medical board not to insist on a daily average attendance of patients in any hospital as a hard and fast requirement for recognition of the training school. A resolution from the Graduate Nurses' Association of Cincinnati and Hamilton County, urging the Ohio Hospital Association to uphold present standards of nursing training (having particular reference to American Red Cross standards), was read, but not acted on. The committee on nominations presented the following names for offices for the ensuing year:

President, Mr. F. S. Bunn, superintendent City Hospitals, Youngstown; first vice-president, Rev. C. H. LeBlond,



of the Ohio Hospital Association, Columbus, Ohio.

St. Anthony's Home, Cleveland; second vice-president, Miss Alice Thatcher, superintendent Christ's Hospital, Cincinnati; third vice-president, Miss L. J. Napier, superintendent City Hospitals, Springfield; secretary-treasurer, Dr. E. R. Crew, superintendent Miami Valley Hospital, Dayton. Executive committee: Rev. A. H. Lohmann, superintendent German Deaconess Hospital, Cincinnati; Rev. M. F. Griffin, Youngstown; Dr. A. R. Warner, superintendent Lakeside Hospital, Cleveland; Miss A. L. Lawin, superintendent Franklin County Tuberculosis Hospital, Columbus; Dr. M. F. Marting, Keller Hospital, Ironton.

Cleveland was selected as the next place of meeting.

The meeting was not as largely attended as might have been desired, only 77 members being present. The scanty attendance was in part made up for by the earnest efforts of the officers in the interest of the members. Miss Mary E. Jamieson, chairman of the local committee on arrangements and entertainment, earnestly presented the claims of the exhibitors in the commercial exhibit for recognition by the members, appealing that everyone present do their buying for the next six months from the exhibitors.

The papers read in themselves compensated the members for the trouble in attending. Most of these papers and the discussions will be published later in *THE MODERN HOSPITAL*.

AMERICAN MEDICAL ASSOCIATION

Sixty-eighth Annual Session Held in New York—Officers Elected

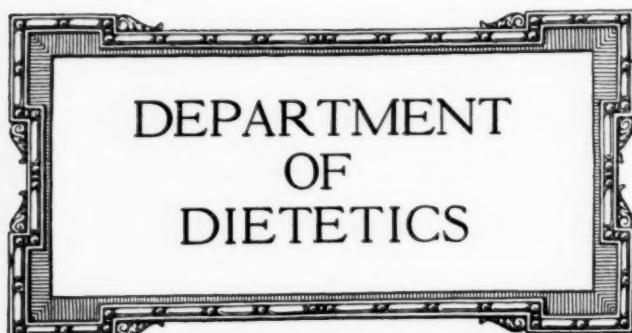
The American Medical Association held its annual session in New York, June 4 to 18. The following officers were elected: president-elect, Arthur D. Bevan, Chicago; first vice-president, E. H. Bradford, Chicago; second vice-president, John McMullen, U. S. Public Health Service; third vice-president, Lawrence Litchfield, Pittsfield, Mass.; fourth vice-president, Holman Taylor, Fort Worth, Texas; secretary, A. R. Craig, Chicago; treasurer, W. A. Pusey, Chicago; chairman of the house of delegates, Hubert Work, Pueblo, Colo.; vice-chairman of the house of delegates, Dwight H. Murray, Syracuse, N. Y.; members of the board of trustees, Philip Marvel, Atlantic City, N. J.; W. T.

Sarles, Sparta, Wis.; H. Bert Ellis, Los Angeles, Cal., and (to fill the vacancy caused by the resignation of Dr. W. T. Councilman) Wendell C. Phillips, New York; member of the judicial council, Randolph Winslow, Baltimore; member of the council on health and public instruction, Walter B. Cannon, Boston; member of the council on medical education, William Tucker, Philadelphia, and (to fill the vacancy caused by the resignation of Dr. A. D. Bevan) H. Gideon Wells, Chicago; member of the council on scientific assembly, E. S. Judd, Rochester, Minn.

The Nurse-Midwife

The midwife question, says Dr. Fred J. Taussig in the *Public Health Journal*, must be solved independently of the interests of any special class, whether that special class consists of general practitioners or incompetent midwives. He suggests the establishment of schools of midwifery, admission to which would be limited to graduate nurses. Curriculum would include attendance for six months to a year; entire charge of at least thirty cases of normal confinement, a number of which should be out-clinic cases; a systematic course of lectures and demonstrations; thorough hospital training in diagnosis; special work in treating of emergencies; etc. The class of women drawn into such work would be greatly superior to the class of ordinary midwives. "It is better to train the nurse to do midwifery than to attempt to teach the midwife some of the rudiments of nursing." Dr. Taussig believes that the nurse-midwife would be better fitted for normal obstetrics than the majority of general practitioners. Most general practitioners dislike obstetrics. They have not had the training in rigid asepsis which has been given to the nurses. In cases of complications the general practitioner will, as a rule, try to get along by himself and often attempt operations which he is not qualified to perform. The nurse-midwife realizes her own limitations and can be trusted in the presence of serious complications to send for the specially trained obstetrician.

Cato said that the best way to keep good acts in memory was to refresh them with new.—Bacon.



Conducted by MISS LULU GRAVES,
Dietitian of Lakeside Hospital, Cleveland, Ohio.

Please address items of news and inquiries regarding Department of Dietetics to the editor of this department, Lakeside Hospital, Cleveland, Ohio.

The Conservation of Food

BY DR. J. A. WESENER AND GEORGE L. TELLER, of the Columbus Laboratories, Chicago

Now that the country is at war and each and every citizen is called upon to do his bit, the problem of feeding our own and the other peoples of the world becomes a very vital issue. While agriculture, in some lines, no doubt, will be materially increased, the prospect in the cereal line does not at the present writing look very hopeful. Our winter wheat crop, as estimated by the United States Agricultural Department, is about 70 percent of that of last year. There are certain sections in which the winter wheat was completely destroyed. In the Southwest, the wheat outlook is very poor. What the yield will be in the Northwest, where the spring wheat is raised, is at this writing very problematical. In the year 1915 the wheat crop of this country was 1,010,000,000 bushels. That of 1915 was only a little over 600,000,000 bushels, a loss of nearly 50 percent. Last year's corn crop, while very large, nevertheless did not equal the crop of 1906. Illinois, which is one of the best corn states in the Union, has fallen behind in corn production in the last ten or fifteen years between 10 and 15 percent. It has also fallen behind in cattle-raising to the extent of nearly 40 percent. While our country has been increasing in population, the food production has not kept pace with it. It is estimated by conservative economists that, while the population in the last fifteen or twenty years has increased 20 percent, the food production during that period has increased only 1 percent. These are startling figures, and some radical steps will have to be taken to arouse the country to realize just what we have to face and thereby find ways and means to combat this condition. All of the surplus of food the world over has been used up. The larders are empty. The world has nothing on hand to tide it over should the next crop be a failure. When you consider that 30,000,000 people are fighting and a large proportion of the remainder are employed in industries other than those of agriculture, one can readily understand what the suffering will be among people of the earth for the next few years.

This being the case, it is of vital importance to conserve all food and utilize such foodstuffs by blending, improved manufacture, or otherwise, so as to add to and lengthen out wherever it is possible. Much of the waste in manufacture, known as by-products, can be worked over in such a manner as to produce wholesome food, and in that way increase the quantity.

The various cereals which may be used as foodstuffs in this country include wheat, corn, oats, barley, rice, and minor quantities of other grains closely related to corn,

namely, kaffir, milo and feterita. Wheat is the leading breadstuff because of the character of the flour produced from it. It differs from all the other grains in that the protein coagulates with water and forms an insoluble, tenacious mass known as gluten. The gluten fits it for making a light, porous loaf of bread, such as none of the others will make. If judiciously blended with suitable products of other cereals, it is capable of imparting this quality to the blend, thus enabling us to make a satisfactory use of such grains as foodstuffs in a manner which otherwise would not be possible. Corn is the cereal most abundantly produced in this country, and the average amount in bushels is from three to four times that of wheat. The average yield per acre is nearly twice that of wheat, and the average cost of production per acre is not greatly in excess, so that it is much more economical, and, on the whole, a more certain crop to produce. Oats are second in the number of bushels, but, being of lighter weight and containing a considerable percentage of worthless offal, they are able to yield a supply of human food only approximately close to that of wheat.

The food produced from each of these grains has a distinctive flavor characteristic of the grain itself, and the characteristics of each grain determine to a large measure the purpose to which it is put. Oats have been developed into a breakfast cereal. Buckwheat is used almost wholly for griddlecakes. Barley, when used as a food, becomes an ingredient of soups, as pearl barley, and is extensively used by some classes of people as a breakfast cereal. Corn by itself is used in the form either of mush or of some special type of bread known as johnnycake or hoecake or corn pone. These breads have a distinct corn flavor, are most palatable when hot, and lack other qualities characteristic of wheat bread. All of these grains serve an important secondary purpose for food, as when used in the production of meat, milk and eggs, and all of them when used as human food can most advantageously be divided into two parts, that which may be used as human food direct and that which is best adapted for stock-feeding. The proper adjustment and distribution of these two classes of foodstuffs is of vital importance in providing for the economic food supply of the nation.

In the usual process of wheat milling, from 70 to 75 percent of the wheat is converted into white flour. The average amount of wheat necessary to produce a barrel of flour of all grades is approximately 4½ bushels, varying with the quality of the wheat and the details of milling. Ordinarily this flour will be divided into two or three grades, the whitest and finest flour being called patent, the intermediate flour clear grade, and the poorest flour low grade. The first two of these flours are commonly blended together in the making of a straight grade, as it is called, but sometimes all three grades are united in this manner to make a full straight. The first of these grades sells for the highest price, because it is the most costly to produce. It is ordinarily used as a high-class bread flour and for domestic purposes. The straight grade is also a very satisfactory bread flour and answers well nearly all purposes for which the flour is used. In this country clear flour is used largely in connection with rye flour for making rye bread. The low-grade flour may be used for this purpose or for blending with the flour of other grains in the preparation of self-raising griddlecake flours. So far as nutrient goes, there is not a marked difference in the three grades. The poorer grades contain more of the protein and mineral matter, while the patent flour contains the least of these ingredients. Patent flour is desired by many people because of its attractive appearance, excel-

lent flavor, and splendid baking qualities. The bread from a straight-grade flour is not greatly deficient in appearance and is hardly inferior in flavor to that from the patent flour, but it is darker in color. If low grade is added in making a full straight, the color becomes still darker and the flavor may be somewhat changed. If more of the wheat grain is used in the making of flour, these defects are necessarily increased.

That portion of the wheat which is not included in the flour is generally divided into two parts, the bran and the shorts. Both contain some flour, but it is difficult to recover this flour without incorporating too large a proportion of the bran. The shorts are really a mixture of flour, fine bran, and the germ of the wheat. They have splendid food value, but are better adapted for feeding to domestic animals than for human food. The presence of this material in flour detracts from the appearance of the baked product and may greatly change the flavor of it, while if the germ is incorporated in the flour the flour is apt to become rancid because of the excess of oil which it contains. Flour made by incorporating too large a proportion of the coarser part of the wheat grain cannot be as finely bolted as that from which this is excluded. For this reason the eggs of the flour beetle and other insects find their way into it, and whole wheat and graham flours are known to become wormy much more quickly than the better grades of white flour.

From 40 to 50 percent of commercial bran and from 20 to 30 percent of shorts consist of woody material which does not furnish any nutriment when used as human food. To include it in a shipment of flour, which often travels a distance of many hundred miles, necessitates the payment of transportation charges and the providing of transportation facilities for an enormous amount of worthless matter. This for graham flour would amount to the weight of one barrel or more in every ten. The growing of a wheat crop removes much fertility from the soil, and the elements of fertility which are thus removed are concentrated to a large extent in the bran and shorts. When these products are used as human food, these elements of fertility are almost wholly lost to the soil, but if used for the food of domestic animals, they may be largely returned to it.

[To be continued.]

The question of properly feeding the people of our homes as well as of institutions has become a problem of grave concern. Our newspapers and magazines are publishing numerous articles giving advice about buying and suggestions for menu regulating, many of which are very valuable. While these articles are being eagerly read, we find few people who are really cheerfully submitting to a curtailment of the amount of food served to them or who are willing to substitute anything of which they are not particularly fond for the things that they do enjoy or have been having on their menus regularly.

Much attention was given the experiment conducted last fall in Chicago by Commissioner of Health, Dr. John Dill Robertson, showing that adequate meals could be served for 10 cents each. As this was given sufficient publicity at the time, we shall not go into detail concerning it. It was definitely demonstrated, however, that twelve adults engaged in a variety of occupations, some indoor and some outdoor, and including both sexes, could be adequately fed for fourteen days for 31 cents a day, if the food were intelligently bought and proper thought given to the preparation and serving of it.

A very good account of this is given in the March num-

ber of the *Hotel Monthly*; the menus are given and recipes for the various things served. A most valuable feature of this account is the publication of a letter to Dr. Robertson from Professor Kinsey of the Valparaiso (Ind.) University. In this letter Professor Kinsey says:

"To my mind, however, the question of feeding people on 35 cents or 40 cents a day was not the most important one, so long as the price was kept approximately in that neighborhood. I think the great lesson to be learned from the demonstration is the very great lesson of efficiency and high skill as the result of careful, scientific training.

"We are saying the word 'efficiency' so much that possibly to some it may seem a very poor type; but, after all, it is the everlasting word of all the ages, and in only very recent times has it begun to receive that prominence it should have and which it must have more and more. The great problem of humanity is the dignifying of all activity with thorough training and then no one will be ashamed of work, but all will fully enjoy any kind of needed activity.

"Let me repeat that I think the most important lesson coming from this experiment is the old, old one, that skill always wins. The moral lesson to the city of Chicago and to the whole nation is that we must emphasize more and more the training of domestic science in all our schools, both public and private.

"May there not come a time in the history of the country when the young man's knowledge of his ability to make a living, and the young woman's ability to make a home, especially in the matter of food, should be tested by some examination or method through which this ability may be demonstrated? I am sure there would be very much less suffering in the world, many, many fewer divorces, and much more happiness."

It would seem that the "time in history" referred to is at hand, probably much sooner than Professor Kinsey anticipated. At any rate, this is a most propitious time for a vast number of people to adopt a sane and simple method of living, and it is human nature to do a thing more willingly if one knows why one is doing it. To become informed about food composition, food values, and methods of cooking will naturally bring about a desire to live rationally and convince one of the harm which inevitably results from continued abuse of the digestive organs.

Furthermore, it is gratifying to know that hotel men are giving some attention to the subject of correct feeding. So long as the public can get anything and everything it wants and can be enticed into eating much that it does not want and should not have, just so long are we going to have perverted appetites. And the appetites are so badly perverted that the same service is being asked for in our hospitals as is given in our hotels and other public eating places. The average patient does not stay in the hospital long enough to be educated into eating the proper things, unless possibly he be a patient with some metabolic disease; so we who are in the hospitals are glad to see this movement on the part of hotel men.

In the June issue of the *American Journal of Medical Sciences* is an article by W. G. Bateman, Ph. D., Missoula, Mont., on "The Use of Raw Eggs in Practical Dietetics." This is a report of work done by Mendel, Osborne and others at the Sheffield Laboratory of Physiological Chemistry at Yale University, first, by experimenting with animals, then by using men and women as subjects to determine whether their conclusions were equally applicable to man. They found that raw egg white has an action in the body different from other proteins. Though raw eggs have been much used in the diet of the sick, these experiments show that native egg white is an indigestible substance, and that it is poorly utilized by the body. When given in very considerable quantities it caused diarrhea

and sometimes vomiting; the whites of two eggs might cause softening of the feces; even if small quantities were given it would be recovered unchanged in the feces. Little difference was shown whether the egg white was eaten alone or mixed with other food, except that a longer time elapsed before diarrhea appeared if it were mixed with other food.

Cooked egg white causes an abundant secretion, and unites readily with hydrochloric acid; when raw and cooked egg white were used alternately in the diet, a marked difference in the utilization and nitrogen balance was seen. Cooked egg white was found to be well absorbed, with no difficulties in digestion noticeable. One explanation offered is that the sulphur complexes in the uncoagulated egg white have power to withstand the digestive enzymes.

A few quotations from this article will give concisely and clearly the conclusions of the author:

"The results of the present study show these reasons [advocating the use of raw eggs] to be not well supported and indicate that the use of raw egg white is decidedly inadvisable. A substance which fails to stimulate a flow of gastric juice and is antipeptic, which hurries from the stomach, calls forth no flow of bile, and strongly resists the action of trypsin, which is poorly utilized and may cause diarrhea, has evidently little to recommend it as a foodstuff of preference for the sound person, let alone for the invalid. And when the native protein needs only to be coagulated at 70 degrees in order to obviate almost all the effects mentioned, there appears still less reason for using it uncooked. Other considerations strongly support this conclusion. For instance, Stokvis (1864) declared that raw egg white eaten in quantity is absorbed undigested and excreted in the urine, doing thereby some damage to the renal epithelium."

"It is true that fairly large amounts of raw egg white need to be ingested for the abnormal digestive effects to be made manifest; but, even if small quantities are used, certain disadvantages may follow. The indigestible protein may reach the large intestine and there become a good pabulum for the putrefactive bacteria. Or, mixed with other foods, it may retard the digestion and lower the utilization of other proteins. Again, it seems more than a coincidence that of all the common proteins egg white is the most indigestible and at the same time the most common cause of anaphylaxis. According to the latest views on this subject, as stated by Wells (1914), anaphylactic intoxication is caused by the entrance into the blood of intact, foreign protein molecules. If this be so, it would appear that egg white is a substance peculiarly apt to be the agent in allergy. It leaves the stomach practically unchanged, so that in the intestine it may be absorbed still intact or only slightly altered. The strong antitryptic action it possesses leads to the same danger. Lately, Van Alstyne (1913) has shown that egg albumen can enter into the circulation unaltered and is excreted in the urine."

"It must not be assumed from the foregoing discussion that native egg white is considered a toxic or otherwise dangerous substance. But the evidence regarding its behavior in the alimentary canal is taken to show that no advantage accrues to the body by using it raw rather than cooked. Furthermore, when the diet of those seriously ill is considered, it may fairly be asked in the light of scientific evidence if the current extensive use of raw eggs is not illogical and inadvisable."

The last unit of a complete new plant for the German Hospital at Kansas City, Mo., was dedicated May 27. The newest structure is a modern research laboratory, made possible by a gift of \$35,000 from William Volker. Three hundred and seventy-five thousand dollars have been expended on the entire group of buildings, which provide accommodations for 275 patients.

George Vogan, of Fort Jones, Cal., has recently been appointed superintendent of the Siskiyou County Hospital at Yreka, Cal., vice Edward F. Brickley, resigned.

INDUSTRIAL WELFARE

WELFARE WORK OF THE NEW YORK TELEPHONE COMPANY

Hospital, Pensions, Accident and Sickness Disability Benefits, and Insurance Among Special Features—Appreciation of Employees

BY R. S. SCARBURGH, Manager Information Department, New York Telephone Company, New York.

Since the business world recognized the truth of the principle that the best employee is the one best cared for, welfare work has come to occupy a place of prime importance in the organizations of enterprising business concerns. Greater efficiency among employees, higher esprit de corps, and fewer absences because of sickness, accidents, or desire to "lay off" for one reason or another, are just a few of the results of the constructive programs that have been put into effect by our more progressive business managers, but they are of sufficient importance from any point of view to insure a continuance of the work and a gradually increasing interest in its development along systematic, scientific lines.

One of the first big business organizations to realize the value of welfare work was the Bell Telephone System. This organization, which has more than 156,000 employees, has long been a leader in developing ways and means of improving the conditions under which its employees work, and there are few companies that can boast of higher employee efficiency and greater company loyalty, individually or collectively, than exist today in the Bell family of workers.

The largest subsidiary of the American Telephone and Telegraph Company, which is the parent organization of the Bell System, is the New York Telephone Company. This company for some time has been especially proficient in welfare work, and its efforts have been frequently recognized by international authorities. In 1905 the International Exposition at Liege, Belgium, gave the company a diploma for its success in caring for employees. At the Milan (Italy) Exposition in 1906, the international jury awarded the company a silver medal for the same reason, and after the exposition Prince Cassano of Italy borrowed the telephone company's exhibit and set it up in Rome where it might serve as an inspiration to those of his countrymen who were interested in the improvement of working conditions.

At the International Exposition of Safety and Sanitation in New York City in 1913, two prizes were awarded to the New York Telephone Company. The first was a gold medal offered by the Travelers' Insurance Company and presented by the American Museum of Safety "to the American employer who achieved the greatest success in protecting the life and limbs of his employees." The second was the Grand Prize of the exposition and was given to the telephone company for its instructive exhibit and its progress in welfare work for employees.

The New York Telephone Company's welfare work, as constituted today, is unusually comprehensive. It is founded upon a consistent endeavor to house employees in fireproof buildings equipped in every possible way to insure safe, healthful, pleasant working conditions. It includes a liberal benefit fund covering sickness and accident disabilities, old age pensions, and insurance; a stock-sharing plan twice opened and each time eagerly accepted by thousands of employees; and a systematic effort to guard against sickness, accidents, and general disability. The latter includes hospital and house physician work, general first-aid provisions, and repeated instructions in first-aid methods, plus educational campaigns to make employees realize the necessity for carefulness in their work at all times.

Consistent endeavor for a considerable period of years to improve the conditions surrounding employees has enabled the New York Telephone Company to put its welfare work on a basis of high efficiency. It spends thousands of dollars annually for its workers because there are many ramifications to its welfare system, and yet the cost is small in comparison with the results accomplished. For instance, all the hospital work, nursing, and out-work for the several thousand employees who are connected, both directly and indirectly, with the headquarters offices of the company at 15 Dey Street, New York, can now be performed through a three-room hospital in charge of a trained nurse and one house physician. Such a situation

nose, throat, and ear cases, as well as in general medical work, and previous to her connection with the telephone company was in the hospital of a large department store. She shows you the equipment of her hospital, explains the card records which she keeps on every case, tells you how she watches each subject under her care, and how her efforts dovetail with those of the house physician.

"They are the most appreciative people I have ever dealt with," she announces, and the words have hardly left her lips before the door opens and the head of a department enters. He has his throat painted, discusses his symptoms briefly and departs with expressions of gratefulness. "There is your proof," remarks the nurse.

"What impresses you most about your work with the telephone company?"

"The confidence which every employee who comes to the hospital seems to feel in it and the enthusiasm they all show for their work.

"We handle about 250 cases a month. During April we made 403 visits, 209 to women and 194 to men. We pay a great deal of attention to the teeth and send our patients to reputable dentists. Pains in the knees, legs, and ankles are frequent complaints, usually due to fallen arches, and we send such cases to orthopedists for treatment and to be fitted with proper shoes. Skin diseases due to indigestion crop out, and we put these patients on suitable diets. Tonsillitis conditions are discovered, and prompt treatment keeps the employees from sick beds. Infection due to pin pricks is also found, but we have fewer and fewer cases of blood poisoning that might assume serious proportions, simply because the employees have learned to come to the hospital when the infections are in their infancy. Epistaxis, ptomaine poisoning, foreign substances in the eyes—these are other typical cases that come to our attention."

In two instances Mrs. MacDermott discovered trachoma and by prompt action prevented the possibility of the spread of this contagious disease. This case alone would serve to prove the value of the hospital work.

Supplementing the central hospital there are emergency kits in readiness wherever they may be needed. The employees are taught the use of these kits, records are kept and posted of accidents, and lectures are given by experts, while the company's monthly magazine prints series of illustrated articles on accidents and how to avoid them.

One of the interesting features of the Bell System's welfare work is the plan established in December, 1912, that provides for pensions, accident disability benefits, sickness disability benefits, and insurance for all Bell employees. A fund of \$10,000,000 has been set aside for the work, and this sum is kept intact by means of annual payments made proportionately by each company in the Bell System. The New York Telephone Company's share of the fund totals \$2,000,000. No part of the expense of the plan is borne by the employees. Under its terms, male employees who have reached the age of 60 years and who have been twenty years or more in service may retire on pensions. They may be retired at the option of the company at 55, if they have served twenty-five years. The pension age of females in each case is five years younger than that of male employees. Any employee who has been thirty years in service, regardless of age, may be pensioned on the approval of the president of the company. The amount of the pension is based automatically on the years of service and is equal to 1 percent of the average annual pay for ten years, multiplied by the number of years of service. No pension is less than \$20 a month.

Employees subjected to accidents occurring in and due



A corner of the hospital in the telephone building at 15 Dey Street, New York.

is possible only because the constant education of employees in first-aid work and avoidance of accident has been extraordinarily effective.

The nurse in charge of the hospital is the active representative of the department that is responsible for the company's welfare work. To her come officers high in the company, stenographers, bookkeepers, janitors, plant and commercial men, the rank and file of the organization. They have learned to think first of the company hospital when their ills, real or fancied, need attention. It is the confidence the employees show in the company hospital and their recognition of the fact that their employer is anxious and willing to do everything possible to take care of them that impresses the visitor.

Mrs. M. H. MacDermott, who has charge of the hospital, comes from a family of nurses. She was born to the profession, and no one needs to be reminded of the value of hospital welfare work performed by a person who is in love with her occupation. She has specialized in eye,

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to the performance of work for the company receive for total disability full pay for thirteen weeks and half pay thereafter so long as the disability remains. If the disability is temporary, the employee receives full pay for thirteen weeks, and half pay until able to earn a livelihood, not exceeding six years.

Employees disabled by sickness or accident outside of the regular course of duty after ten years or more in service receive full pay for thirteen weeks and half pay for thirty-nine weeks; if from five to ten years in service, full pay for thirteen weeks and half pay for thirteen weeks; if from two to five years in service, full pay for four weeks and half pay for nine weeks. In the case of employees who have not been two years in service, heads of departments are permitted discretion in continuing pay during temporary illness.

In the case of death resulting from accident in and due to performance of work for the company, insurance amounting to three years' pay is paid to the dependents of the employee, the maximum payment being \$5,000. In the case of death resulting from sickness or accident outside of business, the payment is equal to one year's pay for employees who have been ten years or more in service, and one-half of one year's pay for employees who have been from five to ten years in service, the maximum payment being \$2,000. If any state statutes provide for more liberal compensation than is provided under the benefit plan, the statutory provision prevails. Where the employees have legal rights, as in some accident cases, they have the option of exercising such rights or accepting the company's benefits. The administration of the funds is in the hands of an employees' benefit fund committee of five, appointed by the board of directors of each company in the Bell System.

The benefit fund committee, which serves the New York Telephone Company and the other companies in what is known as the eastern group of Bell telephone companies, operating in New York, New Jersey, Pennsylvania, Delaware, Maryland, Virginia, West Virginia, District of Columbia, and part of Ohio, reported for the year ending December 31, 1915, as follows: number of employees, 47,195 (men 20,105, women 27,090); number of employees placed on pension rolls in 1913, men 15, women 4; during 1914, men 40, women 11; during 1915, men 8, women 5; number remaining on rolls at end of 1915, men 62, women 20.

The number of accidents showed a gratifying decrease during 1915, proving the effectiveness of the work being carried on to reduce accidents. With a larger working force in 1915, the number of accidents decreased 16 percent. By years, the number of accidents on which benefits were paid was as follows: 2,163 in 1913; 2,343 in 1914; 1,959 in 1915. These totals included accidents of every description, and in many cases the employees received first-aid treatment but did not lose any time, while in others the employees returned to work within a short period. The number of serious cases was small. During 1915 there were 5,777 cases of sickness reported, but the majority were seasonal diseases, such as grip. Deaths for the year totaled 69. All payments from the benefit fund during the year to employees in the eastern group of Bell companies amounted to approximately \$453,450. Since the inception of the benefit fund plan, benefits amounting to \$3,779,896 have been expended under its provisions to employees throughout the Bell System.

The 1915 annual report of the American Telephone and Telegraph Company contains some interesting figures re-

lating to the benefit fund. At the close of the year, 257 former employees were on the pension rolls; 54 have been added and 10 discontinued during the year. The average pension paid was \$44 a month. During the year there were 15,325 cases of sickness for which benefits were paid under the plan. The average period of disability for completed cases was thirty-eight days, and the aggregate benefits paid were \$723,759.

There were 7,705 accident cases, of which comparative few were serious. In one-third of the cases the employees went back to work within a day. In over two-thirds of the cases the period of disability was not over a week. Of the total number of accidental injury cases, 36 resulted fatally. These fatal cases were as heretofore chiefly from contact with the high-tension currents of power and lighting companies. The number was less than in previous years "partly perhaps because of less construction work in 1915, but more especially, we think, because of the progress made in eliminating unsafe conditions of plant and the greater care urged on all plant employees with respect to the prevention of accidents." The total payments on account of accidental injuries were \$429,283, including \$108,699 for medical attendance, hospital care, and other expenses incurred in aid of those injured.

The number of employees of five years' or more service who died during the year (not including the accident cases mentioned above) was 166. Of these, 138 left dependents to whom was paid \$111,384. Burial expenses for those leaving no dependents were \$4,248, a total of \$115,632.

The total amount paid during the year from the benefit plan funds was \$1,397,742. This does not include the expense of administration of the funds or the general medical supervision and assistance given by some of the companies. "Financial assistance is also given in many cases of illness which do not come wholly within the limitations imposed on the employees' benefit funds. These are chiefly the cases of employees who have been in the service less than two years, or whose illness continues for long periods, or who in other ways are not cared for by the regular system. Plans for systematizing and extending the assistance given in such cases and for giving such medical assistance as will tend to decrease or prevent illness are under consideration."

The stock-sharing plan was inaugurated January 1, 1915, to give employees an opportunity to become part owners of the business on easy terms. Of approximately 78,500 employees then eligible under the plan, nearly 34,000 purchased stock. Afterward so many requests for the extension of the plan were made that it was opened again March 1, 1916. A total of 33,000 shares were made available, and of these 10,548 were taken by employees of the New York Telephone Company and its affiliated companies.

Only those employees who had been in service two years were eligible to take advantage of the plan. When it was first offered, the stock was made available at a price about \$6 a share less than the market quotations. The second offering came at a time when the stock was selling at about 127; it was offered at \$118 a share to the prospective employee-stockholders. Each employee was enabled to purchase one share for each \$300 of annual wages, but not exceeding ten shares, and paid for it at the rate of \$2 a share a month, dividends applying toward payment, while interest at 4 percent was charged on the unpaid balance.

But the broad general plans indicated above do not by any means include all of the efforts that are made to take

proper care of employees. The work touches all departments and phases of the telephone business in one way or another. Especially is this fact evident in the care that is taken of telephone operators—the young women who answer your telephone with a cheery "Number, please?"

There are 75,000 girl telephone operators in the Bell System today. They are tremendously important factors in the business of furnishing telephone service to the users of more than 9,000,000 Bell telephones, and the various Bell companies appreciate the value of their services. From the time they supplanted the boys at the switchboard, back in the eighties, and took up the profession of telephone operating, they have received every care from their employers.

From the moment an operator enters a central office to begin her daily work until she is relieved and goes to her home, everything possible is done to provide for her comfort and welfare. The exchanges are roomy, well lighted, carefully heated and ventilated. Lockers are provided for hats and wraps. Each girl has her own individual operator's set. While off duty and during rest periods, which come at regular intervals, large, airy retiring rooms, attractively furnished with easy chairs, rockers, couches, and tables, are provided for her use. Books and magazines are at her disposal. The atmosphere of these rooms is restful and homelike.

In addition there are cozy lunch rooms, which, like the retiring rooms in the larger exchanges, are in charge of matrons. Tea, coffee, milk, and sugar are provided by the company, and other supplies are secured for the girls at prices lower than those existing in outside eating places. An effort is made to have the food conform to the principles of modern dietetics.

The chairs used by the girls when at the switchboards are designed with foot rests at just the right height; the height of the switchboard itself is determined by the reach of the average girl's arms, and the operators' sets are as light as possible and made to leave both hands free. Everything on the switchboard is located where it can be manipulated most easily, not only to make the switchboard service as fast as possible, but also to make the work as easy as possible for the girls.

After passing the entrance examinations, which are designed to secure the employment of only capable, intelligent girls who have good sight, hearing, and health, student operators receive a regular course of training that lasts four weeks. During this period they are paid by the company. They are given thorough instruction in how to meet the variety of demands made upon those who operate the switchboards. They practice at special switchboards, and before they are allowed to handle calls from the public they must satisfy their instructors of their ability to do the work properly. On the second and each succeeding anniversary of their engagement they receive anniversary payments of \$25, \$50, or \$100, according to the length of their service. They are given annual vacations of two weeks with pay, and, like all other employees, they are beneficiaries without any expense to themselves under the Benefit Fund Plan of the Bell System companies.

The average citizen who visits one of the New York Telephone Company's offices is sure to be impressed by the family atmosphere that prevails in it. The organization is a big family which is engaged in providing an important service for the public. It takes pride not only in the collective results of its efforts, but in the success of each of its members, and the pull-together, do-our-best spirit that is evident undoubtedly is one of the causes for the superior quality of American telephone service.

SOCIAL HYGIENE VENEREAL DISEASES

Conducted by WILLIAM F. SNOW, M. D.,

General Secretary, *The American Social Hygiene Association*.

Please address items of news and inquiries regarding Social Hygiene to the editor of this department, 105 West Fortieth street, New York City.

Social Hygiene in the Army During War Time

BY J. H. FOSTER, Assistant Secretary of the American Social Hygiene Association, New York City.

It is generally recognized that the problems of prostitution and venereal disease bear an important relation to the efficiency of military organizations and that it is imperative to deal effectively with these problems as they arise in connection with the military training camps now in existence or soon to be established in this country. To this end, the American Social Hygiene Association is cooperating with governmental agencies along three principal lines of activity:

1. With the Commission on Training Camp Activities recently established by the War Department under the chairmanship of Mr. Raymond B. Fosdick. The functions of this commission which particularly interest social hygiene workers are two-fold: First, it is charged with the responsibility of keeping the Secretary of War informed as to the conditions in training camps and the zones surrounding them, with the idea of safeguarding the army from the moral hazards which have too often been connected with camp life. Secretary Baker is determined that the training camps shall be free from vice and drunkenness so far as it is humanly possible to make them so. Second, the task of the commission is to coordinate the different agencies which are seeking an opportunity for service among the soldiers in the training camps. That is, the commission operates as a clearing house to eliminate the waste and competition of overlapping organizations, at the same time stimulating rational recreational facilities. In carrying out this latter function, the commission is, of course, seeking to promote the utmost cooperation between the camps and the neighboring communities, and to enlist the service of the many recreational agencies already in existence. With this commission, the American Social Hygiene Association is cooperating especially in those parts of its program which relate to prostitution and the venereal diseases.

2. With the medical departments of the army and navy. These departments are faced with the task of providing adequate facilities for the diagnosis of syphilis and gonococcus infections among candidates for enlistment. Provision must also be made for medical, advisory, and treatment facilities from the time of enlistment to arrival at the training camps, and plans must be perfected for organizing the treatment and supervision of all cases of soldiers in the camps who are infected or exposed to infection. In all of these problems there is opportunity for civilian resources to be of material assistance to the medical staff of the War Department.

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While it is hoped that the work of the Commission on Training Camp Activities may result in reducing the number of exposures, it is nevertheless imperative that no step be neglected for the efficient handling of these diseases as a medical problem. The association is also interested in promoting cooperation between military and civil authorities for adequate medical supervision for infected persons who are refused enlistment and for infected soldiers who may be discharged from the army.

3. With the United States Public Health Service and other governmental agencies in the control of venereal diseases in cities and communities accessible to military camps. The especial work of the association in this field lies in the education of public opinion to the support of measures for dealing practically with conditions which favor the spread of venereal diseases, in helping to secure an adequate supply of salvarsan, and in encouraging the creation of facilities for the treatment of infected individuals in the civil population.

Dr. Snow, general secretary of this association, who is a member and secretary of the General Medical Board and has been detailed to the Medical Section of the Council of National Defense, is chairman of the subcommittee on venereal disease. The other members of this committee are: Dr. Haven Emerson, Mr. Raymond B. Fosdick, Dr. Edward L. Keyes, Jr., and Dr. Hans Zinsser. In addition to these members who can meet regularly in Washington, there are advisory and consulting members in each geographic area in which military camps are located.

The Council of National Defense, after an exhaustive study of conditions in Europe, has recommended that an effective zone, under military control, be created about all military commands as the most practicable and effective measure for the prevention of venereal diseases. The selective draft law prohibits the sale of intoxicating liquors to men in uniform and gives the Secretary of War practical authority to repress prostitution in the following sections:

"Sec. 12. That the President of the United States, as Commander in Chief of the Army, is authorized to make such regulations governing the prohibition of alcoholic liquors in or near military camps and to the officers and enlisted men of the army as he may from time to time deem necessary or advisable: *Provided*, That no person, corporation, partnership, or association shall sell, supply, or have in his or its possession any intoxicating or spirituous liquors at any military station, cantonment, camp, fort, post, officers' or enlisted men's club, which is being used at the time for military purposes under this act, but the Secretary of War may make regulations permitting the sale and use of intoxicating liquors for medicinal purposes. It shall be unlawful to sell any intoxicating liquor, including beer, ale, or wine, to any officer or member of the military forces while in uniform, except as herein provided. Any person, corporation, partnership, or association violating the provisions of this section or the regulations made thereunder shall, unless otherwise punishable under the Articles of War, be deemed guilty of a misdemeanor and be punished by a fine of not more than \$1,000 or imprisonment for not more than twelve months, or both.

"Sec. 13. That the Secretary of War is hereby authorized, empowered, and directed during the present war to do everything by him deemed necessary to suppress and prevent the keeping or setting up of houses of ill fame, brothels, or bawdy houses within such distance as he may deem needful of any military camp, station, fort, post, cantonment, training, or mobilization place, and any person, corporation, partnership, or association receiving or permitting to be received for immoral purposes any person into any place, structure, or building used for the purpose of lewdness, assignation, or prostitution within such distance of said places as may be designated, or shall permit any such person to remain for immoral purposes in any such place, structure, or building as aforesaid, or who shall violate any order, rule, or regulation issued to carry out the object and purpose of this section shall, unless otherwise punishable under the Articles of War, be deemed guilty of a misdemeanor and be punished by a fine of not more than \$1,000, or imprisonment for not more than twelve months, or both."

The Secretary of War has addressed a letter to the governors of all the states, asking their cooperation in the repression of vicious conditions in connection with the training camps, in part as follows:

"I am very anxious to bring to the attention of the state councils of defense a matter in which they can be of great service to the War Department. In the training camps already established or soon to be established, large bodies of men, selected primarily from the youth of the country, will be gathered together for a period of intensive discipline and training. The greater proportion of this force probably will be made up of young men who have not yet become accustomed to contact with either the saloon or the prostitute and who will be at that plastic and generous period of life when questionable modes of indulgence easily serve as outlets for exuberant physical vitality.

"Our responsibility in this matter is not open to question. We cannot allow these young men, most of whom will have been drafted to service, to be surrounded by a vicious and demoralizing environment, nor can we leave anything undone which will protect them from unhealthy influences and crude forms of temptation. Not only have we an inescapable responsibility in this matter to the families and communities from which these young men are selected, but, from the standpoint of our duty and our determination to create an efficient army, we are bound as a military necessity to do everything in our power to promote the health and conserve the vitality of the men in the training camps. In this respect we can learn from the experience of the European armies, where disabilities due to venereal disease have in some cases been extraordinarily high.

"I am determined that our new training camps, as well as the surrounding zones within an effective radius, shall not be places of temptation and peril. The amendments to the army bill recently passed, a copy of which I inclose herewith (secs. 12 and 13), give the War Department more authority in this matter than we previously possessed. On the other hand, we are not going to be able to obtain the conditions necessary to the health and vitality of our soldiers without the full cooperation of the local authorities in the cities and towns near which our camps are located, or through which our soldiers will be passing in transit to other points.

"Will you give earnest consideration to this matter in your particular state? I am confident that much can be done to arouse the cities and towns to an appreciation of their responsibility for clean conditions; and I would suggest that, through such channels as may present themselves to you, you impress upon these communities their patriotic opportunity in this matter.

"I would further suggest that as an integral part of the war machinery your council make itself responsible for seeing that the laws of your state and of Congress in respect to these matters are strictly enforced. This relates not only to the camps established under Federal authority, both the present officers' training camps and the divisional training camps soon to be opened, but to the more or less temporary mobilization points of the National Guard units. It relates, too, as I have indicated, to the large centers through which soldiers will constantly be passing in transit to other points.

"As I say, the War Department intends to do its full part in those matters, but we expect the cooperation and support of the local communities. If the desired end cannot be otherwise achieved, I propose to move the camps from those neighborhoods in which clean conditions cannot be secured."

The policy in relation to prostitution and venereal disease in connection with military training camps, recommended by the Council of National Defense as the basis for governmental action, is embodied in the following resolutions prepared at a joint meeting of committees from the American Social Hygiene Association, the American Dermatological Association, the Association of Genito-Urinary Surgeons, the American Urological Association, and the American Public Health Association. These resolutions were presented at a public hearing held by the committee on hygiene and sanitation of the General Medical Board of the Council of National Defense, and were adopted for formal presentation to the advisory commission and the council.

WHEREAS, venereal infections are among the most serious and disabling diseases to which the soldier and sailor are liable;

WHEREAS, they constitute a grave menace to the civil population;

THEREFORE, the Committee on Hygiene and Sanitation of the General Medical Board of the Council of National Defense recommends that the General Medical Board transmit to the Council of National Defense for the guidance of the War and Navy departments the following recommendations:

1. That the departments of war and navy officially recognize that sexual continence is compatible with health and that it is the best prevention of venereal infections.

2. That the departments of war and navy take steps toward the prevention of venereal infections through the exclusion of prostitutes within an effective zone surrounding all places under their control, and by the provision of suitable recreational facilities, the control of the use of alcoholic drinks, and other effective measures.

3. That the said departments adopt a plan for centralized control of venereal infections through special divisions of their medical services.

4. That the said departments consider the plan of organization herewith attached.

WHEREAS, the use of alcoholic beverages is generally recognized as an important factor in the spread of venereal disease in the Army and Navy; and

WHEREAS, these diseases are among the most serious and disabling ones to which soldiers and sailors are liable:

THEREFORE, be it resolved that we endorse the action of the Army and Navy in prohibiting alcoholic beverages within military places in their control and we further recommend that the sale or use of alcoholic beverages be prohibited to soldiers and sailors within an effective zone about such places.

If governmental plans for the repression of these evils are to be favorably carried out, there will be opportunity and need for widespread and active cooperation on the part of persons and organizations in civil life. Just what form of work may best be undertaken by any particular agency cannot be determined until the location of the training camps is known and the powers of the military authorities are definitely fixed. But it is safe to assume that the government will look largely to the civil authorities to repress prostitution, the use of alcohol, and other vicious conditions in the towns to which the soldiers in training have access in their leisure time. In spite of the progress of public opinion in respect to methods of dealing with prostitution, there are still towns where segregated districts are tolerated and military training camps may be located near some such communities. It is also likely that, even in towns where conditions are now satisfactory, vicious forces may become active when the military training camps are established. It is possible that official action may need the stimulation of private initiative to meet such situations.

Aside from removing the opportunities for indulgence in vice, those who desire to be of service in promoting the moral and physical welfare of the troops in training will without doubt have opportunity to help provide wholesome forms of recreation. The Commission on Training Camp Activities, through the Y. M. C. A. and perhaps other agencies, will have charge of such facilities within the camp precincts, but it is not to be expected that the men in training will be continuously confined within military limits. It is easy to foresee a vigorous demand on their part for amusement of one form or another. For the sake both of the men in training and of the civil population, there should be an intelligent and effective organization of the best forces in all of the communities to which the men have access, to see to it that recreational and social activities are adequate, suitable and properly conducted.

"Be strict with yourself, lenient with others; it is not enough to be virtuous. Virtue itself becomes unclean when it is not loving, forgiving, and kind."

A Handy Signal

Visitor—"So this is the deaf and dumb ward! How do you call people to dinner? I suppose you don't ring a bell."

Superintendent—"No. We have a man who walks through the ward wringing his hands."—Boston Evening Transcript.

CURRENT HOSPITAL LITERATURE

ALBERT ALLEMANN, M. D., *Foreign Literature.*
Army Medical Museum and Library, Office of the Surgeon-General,
United States Army.

The Management of Hospital Trains (*Sul funzionamento dei treni ospedale*). Dr. P. L. Fiorani. *Igiene moderna*, 1917, X, No. 2.

The author describes a hospital train of the Italian army on which he served for several months. Though the last of the thirteen cars making up the train is set apart for the isolation of patients with contagious diseases, he thinks there is always danger of infection on such trains unless the strictest hygienic conditions are assured. To prevent infection he makes a number of recommendations for improving the service on these hospital trains.

The Ambulance of the American Hospital of Paris as Seen by a Surgeon. Dr. L. F. Stewart. *Pennsylvania Med. Jour.*, 1917, XX, No. 6.

The American Ambulance Hospital of Paris is a military hospital established by the American Hospital of Paris. The Lycée Pasteur, a school for children, was turned over to the Americans by the French government. The hospital will soon be able to accommodate 600 patients. The hospital is managed by the American Ambulance Committee, which, in addition, maintains about 150 automobile ambulances at the front. The committee also operates a hospital train known as the *Train sanitaire de l' ambulance américaine*. Besides this the Americans have organized a number of auxiliary hospitals to which convalescent patients are evacuated.

The Employment of Women in the Military Hospitals in Place of Soldiers (*Le donne negli ospedali militari al posto dei soldati di servizio*). Riv. osp., 1917, VII, No. 1.

The minister of war has decided to replace all soldiers employed in the Italian military hospitals as nurses, servants, etc., by women. It is expected that, from the 500 or 600 military establishments, not less than 20,000 soldiers will be made available to be sent to the front. Later on, the men of the regular hospital corps in the hospitals of the interior of Italy will also be replaced by women and sent to the military hospitals at the front. By this change a large number of men will be made available for service at the front. Experience has shown that women are more adapted, more skillful and more efficient in the service which is now assigned to them.

The First Climatic Military Institute of the Red Cross Opened at Bergeggi (*Il primo istituto climatico militare della Croce Rossa inaugurato a Bergeggi*). Attualita med., 1917, VI, No. 1.

This sanatorium was established for convalescent officers of the Italian army. It is beautifully situated between the mountains and the sea, equidistant from Genoa and Savona. It consists of three large four-story build-

THE MODERN HOSPITAL

ings, which are connected by two intervening structures. The building on the left contains the offices and dwelling of the administrative personnel. In the central building are the chapel, the pharmacy, an operating room, an x-ray room, and various laboratories. The building on the right contains rooms for thirty patients. A special feature are the large covered verandas which extend along the whole southern front. Each room is provided with such a veranda and the bed of each patient can be rolled out in the open air.

Field Hospital Presented to the Russian Army by France.
Paris correspondent. *Jour. Am. Med. Assn.*, 1917, LXVIII, No. 23.

A field hospital with sanitary equipment on an entirely new plan has been given by France to the Russian army as the outcome of a subscription taken up throughout France and the colonies. It consists of fifty-two vehicles, of which twenty are for the transportation of the wounded and twenty-three are trucks for the transportation of material equipment. It comprises likewise a receiving station, a waiting room for the wounded, an examining room, a roentgen-ray laboratory, and an operating room. The instruments were manufactured in the shops of the military health service. The personnel comprises 120 nurses, 85 chauffeurs, and 23 medical officers, among whom are physicians and pharmacists and administrative officers.

The Neuropathological Division for Soldiers of the Clinic for Nervous and Mental Diseases of the University of Catania (Reparto neuropatologico militarizzato della Clinica delle malattie nervose e mentali della R. Università di Catania). Dr. D'Abundo. *Riv. ital. di neuropat.*, 1917, X, No. 1.

From the beginning of the war a large number of soldiers affected with nervous diseases were sent to the clinic of the University of Catania. To the two wards which the clinic had at the beginning, three more had to be added. In many cases of nervous disturbances a surgical operation is indicated. As most of the patients refuse to submit to an operation, the author says, it should be made obligatory. The service in the neuropathological division is very hard. Functional nervous disturbances are very frequent and varying and an exact study is necessary to establish in each case the real clinical form by eliminating the exaggerations which are nourished and maintained by autosuggestive psychological factors.

Tuberculosis in the War. N. Sforza, M. D. *Riv. osp.*, 1917, VI, No. 23.

Tuberculosis is as frequent in the Italian army as it is in the other European armies. The author urges the erection of a sanatorium for the care and treatment of the men who have contracted tuberculosis in the defense of their country. But he advises against the construction of expensive buildings as has been the custom in Italy and in favor of the example of the Americans, who construct for this purpose only simple, economical frame buildings. Fresh air, good food, rest and light work, and a place of shelter are all that is needed. The Americans establish their sanatoriums not too near the cities, because the ground would be too costly, and not so far that the services are interfered with. While these structures are not classical models of architecture, they serve their purpose in a most excellent manner. These American sanatoriums are usually only large one-story pavilions with a spacious veranda and one or two parlors, or they are barracks of the hangar type ranged around a central building intended for the services. If the patients increase, it is necessary

only to add a new pavilion. The cost of such a sanatorium is only \$100 to \$350 per bed. This is the type of sanatorium which should be introduced in Italy, not only for the care of tuberculous soldiers, but also for the civilian population.

The Surgeon's Responsibility to the Economics of the Hospital. E. Marvel, M. D. *Am. Jour. Obstet.*, N. Y., 1917, LXXV, No. 3.

There is much waste and general economic inefficiency in the management of hospitals. Much of the responsibility for the success of a hospital and for a large portion of the dissipation of its resources rests upon the surgeon. Complaints that the medical staff has no voice in the direction of the hospital are not well founded. The managing board are receptive, in fact, seek the counsel of the progressive surgeon. Many surgeons waste the time of the nurses, interns, and orderlies by not being regular in their visits and punctual in the appointments for operations. There is also much waste of supplies and extravagant use of unnecessary or unduly expensive articles, when cheaper ones would do just as well or better. In the community service of a hospital it frequently happens that a patient or a member of his family returns to the hospital with a disease for which he had been treated before at the hospital and which could have been easily prevented if he had been given proper instruction the first time how to take care of himself and how to prevent the disease in his family. In this manner the hospital could do valuable educational work in hygiene.

In hospital construction the members of the medical staff play an important part. Extra buildings for special departments should not be insisted on when afterwards little use is made of them. Thus of sixteen hospitals which had provided for a morgue with equipment for autopsies only four had an autopsy performed during the period of a year, and only fourteen autopsies had in all been performed at these sixteen hospitals. In another instance a hydrotherapy department was established at the demand of the medical staff at an expense of \$20,000, yet comparatively very little use was afterward made of it.

The Insane in a County Poor Farm. Thomas W. Salmon, M. D. *Mental Hygiene*, 1917, I, No. 1.

Salmon, who is medical director of the National Committee for Mental Hygiene, describes the poor farm of a prosperous rural county in an unnamed state in the cotton belt. The provision for paupers, paralytics, feeble-minded persons, and epileptics is fairly comfortable, though of course a county poor farm is an unsuitable place for the latter two classes. The forty-odd insane, however, are confined in unsunned iron cages in an old brick building, "abandoned to filth and unbelievable misery." They are not even allowed the liberty of the ward; they have no care except that of a totally untrained attendant who used to be a trolley-car conductor. His predecessor is now serving a term in the state penitentiary for an attack upon a little girl inmate of the poor farm. All but three or four remain in their cages all day; at night all are locked in without attendance.

Origin of the Psychopathic Hospital. G. H. Hill, M. D. *Jour. Iowa State Med. Soc.*, Des Moines, 1917, VII, No. 2.

Formerly hospitals for the insane were intended chiefly for the custodial care of the patients. The Danvers State Hospital was the first institution in this country to establish wards for the careful special treatment of acute cases. Soon afterward special pavilions for the treatment of mental cases were established in a number of general hos-

pitals. In Massachusetts a psychopathic department was organized in connection with the Boston State Hospital under the able direction of Dr. Southard. The first psychopathic hospital in this country was the Sheppard and Enoch Pratt Hospital near Baltimore, founded in 1891. Through the efforts of Dr. Welch a psychopathic clinic was established at the Johns Hopkins Hospital. The building, constructed on the most modern principles and finely equipped, was opened in 1913. In 1906 the state of Michigan founded a State Psychopathic Hospital at the University of Michigan, and appointed Dr. Barrett as its director. It is an institution for the treatment of mental conditions bordering on insanity and for carrying on research work in the phenomena and pathology of mental diseases. The hospital has lately been enlarged to accommodate 100 patients. It has a well-equipped laboratory for the investigation of diseases of the nervous system and does laboratory work for all the state hospitals of Michigan. The State Psychopathic Hospital has a psychiatric clinic for the medical school of the University of Michigan. About half of the patients are voluntary.

The Community Value of the Out-Patient Department of the Hospital for the Insane. John B. MacDonald, M. D. Mental Hygiene, 1917, I, No. 2.

Dr. MacDonald, who is superintendent of Danvers Hospital, Hathorne, Mass., describes the work of out-patient clinics in hospitals for the insane in Massachusetts. The Massachusetts School for Feeble-Minded at Waverley had for many years held a clinic at its hospital, and the psychopathic department at the Boston State Hospital and the Norfolk State Hospital for Inebriates had for shorter periods been holding out-patient clinics. The first general attempt to organize out-patient clinics in hospitals throughout Massachusetts was made in 1914. In accordance with a decision of the State Board of Insanity, clinics were opened by the following spring in practically all parts of the state. The scope of the activity of the clinics and the social service departments has greatly widened, and the value of the service, both to the hospital and to the public, has been definitely settled. The services of the department make it possible to discharge patients earlier than would otherwise be possible, thus reducing the burden of support resting on the state. After-care of discharged patients reduces the possibility of relapse and readmission. Dr. MacDonald speaks of one institution in which for almost two years there has rarely been an instance of readmission of an alcoholic patient whom it was possible to keep under the supervision of the out-patient service. He says, "The dread of the hospital, the mystery which bred distrust, the undercurrent of suspicion which hindered and hampered the work of the greatest of our public charities, are disappearing. Our aims, methods, problems and difficulties are better understood. Through service we have gained an unprejudiced trial and fair judgment in the court of public opinion. The community gains immeasurably through the coordination and higher efficiency made possible by harmony and mutual understanding between the public and its servants."

Industrial Occupation and Recreation Among the Insane. B. F. Frazer, M. D. Jour. Kansas Med. Soc., 1917, XVII, No. 2.

Normal employment is one of the best means of treatment of the insane, both those in whom a pressure of activity tends, unless otherwise directed, to be expended in pacing the floor or making noise and disturbance, and those who, unless aroused by positive direction, tend to

brooding passivity. At the Osawatomie State Hospital patients are employed for their own good and also as a means of lightening the expenses of the institution. Many of the women are occupied in the laundry and in helping in the work about the wards. One hundred women in an arts class are instructed in needlework, basket-making, rug-weaving, etc., as well as in the various handicrafts in which normal women find recreation. Many of the men are employed for about six hours a day on the farm and in the gardens. This is work to which many of them were accustomed before commitment. Some care for sheep and dairy stock. All apparently enjoy their work. Some of the patients with slight mental deterioration are employed in the engine-room and boiler-house. Others, chiefly those who were painters and carpenters before commitment, do the greater portion of the rougher painting and carpentry. More deteriorated patients are used in the rock-quarry and in the care of the lawn and grounds. A number of men are not assigned to any specific tasks, but are sent out in squads, each squad in charge of an attendant, to do any work that may be required. In the industrial department trades, including the making of brooms, shoes, harness, tinware, and mattresses, are taught and practiced. Frazer believes that this work is of benefit to the patient as well as a saving to the institution.

A Modern Hospital for the Insane From the Standpoint of Medical Service. H. D. Singer, M. D., M. R. C. P. Ill. Med. Jour., 1917, XXXI, No. 5.

Dr. Singer says that one direction in which research is especially needed in connection with the hospital for the insane is the employment and the occupation of patients. The economic side is important, but of far greater importance is employment as a means of care for the patient. Occupational diagnosis will come to occupy an increasingly large part in our social system at large, both for efficiency and for economy. Proper equipment and qualified investigators are necessary. Research has only begun. Well-equipped and diversified industrial departments with facilities for education and observational records are called for.

From the point of view of the study of the patient the hospital must provide for investigation of (1) the bodily organs, (2) the personality, the biologic psychology, or habits of adjustment, (3) the environment. This implies the use of all known means of physical diagnosis, observation of the patient's reactions to conditions subject to control, and information as to methods of adjustment which were habitual to the patient in his life prior to admission to the hospital. From the point of view of its educational functions, the hospital owes a duty to the profession at large, to the physicians on its staff, and to the general public. The problems connected with the special hospital and the close and direct relation to society and cooperation of the public in its work is shown.

The First Spanish Institute for the Protection of Infants, and Its Program (Il primo istituto nippio igienico spagnuolo ed il programma dell' istituto di nipiologia). Dr. E. Cacace. Nipiologia, 1916, II, No. 4.

Through the initiative of Dr. Martinez Vargas of Barcelona was opened, last September, the first Spanish institute for the protection and care of infants. Its purpose is to establish, wherever needed, consultation offices for nurslings, stations for furnishing milk for babies of needy mothers, asylums for poor mothers, school for infantile hygiene and puericulture, popular schools for the instruction in motherhood, and scientific laboratories for the examination of milk and for the biological and hygienic study of babyhood.



Vade-Mecum for the Use of Officers and Interpreters in the Present Campaign. French and English Technical and Military Terms by Eugène Plumon, Officer Interprète Stagiaire Près le Corps Expéditionnaire Britannique, Avocat à la Cour d'Appel de Paris, Docteur en Droit de l'Université de Heidelberg, Docteur en Droit. Brentano's, New York and Washington.

This work is intended for those who have already some knowledge of the French language. One may speak French fluently, when dealing with ordinary subjects, and yet find oneself at a loss among the technical and semi-slang expressions of military language, many of which have, indeed, been but recently evolved under the pressure of necessity. Nevertheless, nowhere is precision more necessary than in the work of the military interpreter.

So far as we are able to judge, the work of Dr. Plumon has been well done. The order of subjects is the rational or logical order so dear to the French mind, though it renders a word or phrase more difficult to find than with our, doubtless, more barbaric simple alphabet method.

The table of equivalence of ranks in the respective medical services of the French and the British Army is misleading. The author has given the officers of the R. A. M. C. the obsolete titles of surgeon-lieutenant, surgeon-captain and so on, instead of the substantive ranks now held by them.

We are taking the liberty of selecting for reproduction some of the words and expressions most useful to the officers and members of the medical corps, with some modifications and corrections in translation:

We give below the words in connection with sanitary units:

Ambulance automobile, <i>f.</i>	Ambulance car.
— chirurgicale automobile, <i>f.</i>	Surgical ambulance car (<i>motor surgery</i>).
— divisionnaire, <i>f.</i>	Advanced dressing station, field ambulance.
Billet d'entrée, <i>m.</i>	Admission order.
— de sortie, <i>m.</i>	Discharge order.
— d'urgence, <i>m.</i>	Emergency order.
Bon d'aliments, <i>m.</i>	Order for food.
— de médicaments, <i>m.</i>	Order for drugs.
Cahier de visite, <i>m.</i>	Note-book for medical examinations.
Certificat médical, <i>m.</i>	Medical certificate.
— de visite, <i>m.</i>	Medical examination certificate.
Changement d'armes, <i>m.</i>	Transfer from one branch of the service to another.
Congé de convalescence, <i>m.</i>	Sick leave.
Dépôt de convalescents et d'élopés, <i>m.</i>	Convalescent and lame depot.
Dépôt de régiment, <i>m.</i>	Regimental depot.
Feuille d'évacuation, <i>f.</i>	Evacuation order.
— d'observation, <i>f.</i>	Clinical report sheet.
— de renseignements, <i>f.</i>	Memorandum of information.
— de température, <i>f.</i>	Temperature chart.
Fiche blanche (<i>blessé intransportable</i>)	Non-transportable patient (<i>white ticket</i>).
Fiche rouge, <i>f. (blessé évacuable)</i>	Transportable patient (<i>red ticket</i>).
Gare d'évacuation, <i>f.</i>	Clearing station.
— de répartition des malades et des blessés, <i>f.</i>	Central regulating station.
— de triage, <i>f.</i>	Sorting station.
— régulatrice, <i>f.</i>	Regulating station.
Groupe de brancardiers divisionnaires, <i>m.</i>	Divisional stretcher bearers' parties.
Guérison, <i>f.</i>	Recovery.
Hôpital de contagieux, <i>m.</i>	Hospital for contagious cases or infectious diseases.
— d'évacuation, <i>m.</i>	Clearing hospital.
— auxiliaire, <i>m.</i>	Auxiliary hospital.
Hôpitaux de l'intérieur, <i>m. pl.</i>	Base hospitals.

Hôpitaux militaires, <i>m. pl.</i>	Military hospitals, or army hospitals, general hospitals, stationary hospitals (<i>smaller</i>).
Hôpital thermal, <i>m.</i>	Spa hospital.
— temporaire	Temporary hospital.
Infirmier, <i>f.</i>	Infirmary.
Infirmier	Hospital orderly, male nurse.
Laboratoire d'armée, <i>m.</i>	Army laboratory.
Nid ou refuge de blessés, <i>m.</i>	First aid station (<i>nid-nest</i>).
Pension, <i>f.</i>	Pension.
Pension de réforme, <i>f.</i>	Reduced pay (<i>proportional allowance granted to men rendered unfit for service by wounds or sickness contracted on duty</i>).
Poste de secours, <i>m.</i>	Dressing station.
Reforme	Invalidation.
— No. 1, <i>f.</i>	— with full allowance.
— gratification	— with a temporary allowance.
— No. 2, <i>f.</i>	— without an allowance.
— temporaire, <i>f.</i>	Temporary invalidation.
— définitive, <i>f.</i>	Permanent invalidation.
Section automobile de radiographie, <i>f.</i>	X-ray motor section.
Service auxiliaire, <i>m.</i>	Auxiliary service.
Train sanitaire, <i>m.</i>	Hospital train (<i>sanitary train</i>).
WOUND DRESSING—AMBULANCE AND FIRST AID	
Acide acétique cristallisble	Glacial acetic acid.
Acide, phénique	Carboxylic acid.
Affaissement, <i>m.</i>	Collapse.
Ampoule, <i>f. (corporelle)</i>	Blister.
Ampoule, <i>f. (vase)</i>	Ampule.
Asphyxie, <i>f.</i>	Asphyxia.
Attelle, <i>f.</i>	Splint.
Balafre, <i>f.</i>	Gash, slash, or scar of same.
Bandage, <i>m.</i>	Bandage, dressing band.
— de forme spéciale	Special bandage.
— frondes	Many-tailed.
— carré	Square.
— circulaire, <i>m.</i>	Circular bandage.
— circulaire oblique, <i>m.</i>	Oblique bandage.
— renverse, <i>m.</i>	Reverse spiral bandage.
— spiral ou roulé, <i>m.</i>	Simple spiral bandage.
— en T simple	T-shaped bandage.
— en T double	Double T bandage.
— triangulaire, <i>m.</i>	Triangular bandage.
Bande, <i>f.</i>	Roller bandage.
— de pansement antiseptique, <i>f.</i>	Antiseptic roll bandage.
Blessure, <i>f.</i>	Wound.
Brancard, <i>m.</i>	Stretcher.
Brancardier, <i>m.</i>	Stretcher bearer.
Brouette porte-brancard, <i>f.</i>	— on carrier (brouette-wheelbarrow).
Brûler	To burn, to sear.
Caillot de sang, <i>m.</i>	Clot.
Camisole de force, <i>f.</i>	Straight waistcoat.
Charpie, <i>f.</i>	Lint.
Chef initial, <i>m. (bandage)</i>	Initial or free end (<i>bandage</i>).
Chef terminal, <i>m. (bandage)</i>	Terminal end (<i>bandage</i>).
Choc, <i>m.</i>	Shock.
Cicatrice, <i>f.</i>	Scar.
Coagulation du sang, <i>f.</i>	Coagulation of the blood.
Contusion	Bruise.
Coton antiseptique, <i>m.</i>	Antiseptic wool.
Croute, <i>f.</i>	Scab.
Désinfectant, <i>m.</i>	Disinfectant, disinfecting.
Diachylon, <i>m.</i>	Diachylon.
Débridage de la plaie, <i>m.</i>	Clipping the wound.
Douleur, <i>f.</i>	Pain, aching.
Echymose, <i>f.</i>	Echymosis.
Echarpe, <i>f.</i>	Sling.
Echauder	To scald.
Entorse, <i>f. foulure, f.</i>	Twist, sprain.
Evanoissement, <i>m.</i>	Fainting, swooning.
Fièvre, <i>f.</i>	Fever.
Fracture, <i>f.</i>	Fracture, break.
— ouverte	Compound fracture.
Gangrène, <i>f.</i>	Gangrene.
Garrot	Temporary tourniquet.
Hémorragie externe, <i>f.</i>	External hemorrhage.
— interne, <i>f.</i>	Internal hemorrhage.
— veineuse, artérielle, <i>f.</i>	Veinous, arterial hemorrhage.
Immobiliser	To immobilise.
Insensibilité, <i>f.</i>	Insensibility.
Leucoplaste, <i>m.</i>	Sticking plaster.
Luxation, <i>f.</i>	Spraining.
Mal, <i>m.</i> ; maladie, <i>f.</i>	Disease, illness.
Nettoyer, purifier une blessure	To cleanse a wound.
Ouverture de la plaie, <i>f.</i>	Opening of the wound.
Planter une blessure	To dress a wound.
Plaie contuse, <i>f.</i>	Contused or bruised wound.
— empoisonnée, <i>f.</i>	Poisoned wound.
— en estafilade, <i>f.</i>	Incised or clean-cut wound.
— en seton, <i>f.</i>	Perforating wound.
— par déchirure, <i>f.</i>	Lacerated wound.
— penetrante, <i>f.</i>	Punctured, or stab wound.
— septique, <i>f.</i>	Septic sore.
— superficielle, <i>f.</i>	Superficial wound.
Plein, <i>m. (bandage)</i>	Body (<i>bandage</i>).
Poudre boriquée, <i>f.</i>	Boracic powder.
Saignement, <i>m.</i>	Bleeding.
Seringue hypodermique	Hypodermic syringe.
Sérum antitétanique	Antitetanic serum.
Spica, <i>m.</i>	Spica.
Sublimé, <i>m.</i>	Sublimate.
Syncope, <i>f.</i>	Syncope.
Teinture d'iode, <i>f.</i>	Tincture of iodine.
Tourniquet, <i>m.</i>	Tourniquet.
Vaseline boriquée, <i>f.</i>	Boric vaseline.
Vomissement, <i>m.</i>	Vomiting.



VINCENZ MUELLER, Technical Editor.
GEO. W. WALLERICH, Associate Editor.

Please address items of news and inquiries regarding New Instruments and Appliances to the editor of this department, 327 Southeast avenue, Oak Park, Illinois.

A New Splint for Treating Fractures of the Lower Extremities

This new traction splint, as illustrated under Fig. 1, has been devised by Dr. H. W. Vickers, Little Falls, N. Y., after an extensive experience in one of the European war hospitals. The splint consists of the following parts: the ring, the slide pieces, end piece and cross bar. The ring is made of two half-inch iron semicircles. Both ends are threaded (right and left) and fitted into T unions, the other end of

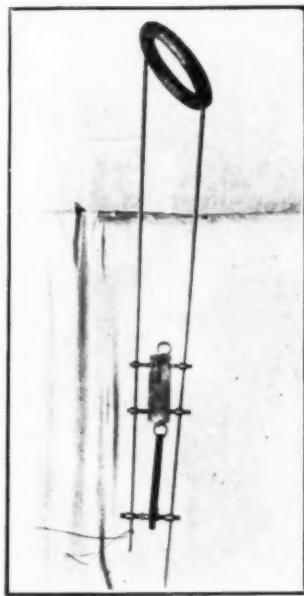


Fig. 1. Traction splint for treating fractures of the extremities.

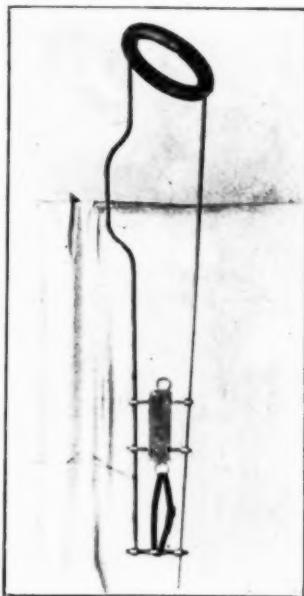


Fig. 2. A modification, for use in fractures with injuries to the soft tissues, of the splint shown in Fig. 1.

the union taking the side pieces. The ring is padded and covered with leather.

The side pieces are made of half-inch round iron, about 60 inches in length, which is about 12 to 15 inches longer than the injured limb. One end is threaded and screwed into the union in the ring, thus can be easily removed. On the other end is fitted a detachable and adjustable cross bar with set screws to retain the desired angle formed by the rings and side pieces.

The end piece contains an ordinary spring scale, arranged through movable blocks to slide on the side pieces, thereby adjusting itself to limbs of different sizes and lengths. To the hook end of the scale is fastened a so-called spreader, as in a Buck's extension. The end piece

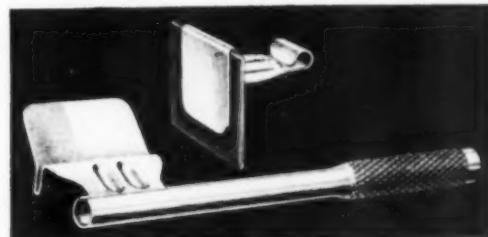
is held at desired points by a strap passing over the end adjusting cross bar. A change in this length will alter the amount of traction on the limb, as expressed in pounds read on the scales.

The advantages to be derived from this splint, as pointed out by Dr. Vickers, are that the traction and counter traction can be secured combined and expressed in pounds, instantly changed and adjustable, and beyond the power of the patient to change. The surgeon may leave his patient, knowing that the latter will not slide down in bed and rest his heels against the footboard of the bed. The splint can be readily adjusted to a thigh of any size without tools and without giving an anesthetic. Elevation and abduction are available and easily changed at any time and as often as desired, thus greatly facilitating dressings and nursing. When treating fractures with injury to soft tissues, one side piece may be replaced by a special one having in it an offset opposite the wound, as shown under Fig. 2.

The Dorr Dental X-Ray Film Holder

Here is something new and invaluable to the x-ray man—a film holder which will insure against the accidental movement of the film in the mouth while making an exposure. Its use prevents undue exposure of one's own hands and does away with the use of the hand or finger of the patient and consequent slipping of the film.

It is always hard to get good pictures of lower second and third molars, just because the soft tissues insist upon forcing the film out of position. In this connection it is also pointed out that, when the mouth is opened sufficiently to admit of a finger to hold the film in position for lower molars, the tissues are tense and in some mouths it is next to impossible to place the film low enough to catch the



Dorr dental x-ray film holder.

ends of the roots; while, when the teeth are closed on the flange of the holder, the tissues in the floor of the mouth immediately relax, permitting the film to be depressed much lower than when the mouth is open.

A dental film *per se* is a very unpretentious-looking little thing, yet the most elaborate x-ray machine is of almost no value from a dental point of view without the use of the film. And, in proportion as the film is held in position and movable, so is the picture good or bad.

The holders come in sets of two, an upper and a lower, including handle.

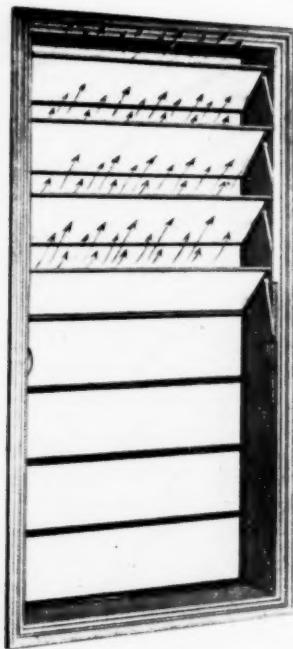
A New Hospital Window

The fact that for many years past innumerable designs for hospital windows have been offered to architects and hospital boards is a fair indication that the problem of the hospital window has not yet been solved.

An exceptionally good window, and one that looks as though it was to go a long way toward the settlement of this perplexing problem is made by the Ideal Steel Casement Window Co., Cincinnati. Mr. F. P. Anderson, the designer, has been studying this problem for a number of

years and our attention has been called to this window by hospital superintendents and medical staff members. That is the reason why we are illustrating it and calling the attention of hospital people to it.

The window hardly needs detailed description; the illustration shows precisely what it is. The upper sashes are operated synchronously and the lower sashes individually. It will be seen that almost any amount of air desired can be brought into the room, even to the full extent of the window area. In other words, when the sash is opened on the horizontal it is as though there were no window there. The lower sashes can be opened to take in air and



Anderson hospital window. (Patent pending.)

the upper sashes arranged so that the air will pass out, creating a current in the room itself which will serve to thoroughly ventilate.

The sections can be laid open for cleaning from the inside, and this alone will prove a great economy, since window washers would be able to wash perhaps two or three times as many of these windows per day as ordinary or other new kinds.

One of the best features about this metal steel case-ment window is its inexpensiveness, being well within reach of any hospital that can afford materials of medium price and that insists upon materials of the highest quality.

Dr. Henry Pinckney Frost, superintendent of the Boston State Hospital, Boston, Mass., died at the Massachusetts General Hospital, Boston, May 24, after an illness of four weeks. Dr. Frost was a native of Charleston, S. C. He was graduated from the medical school of the University of Maryland in 1889. His first work was at the hospital on Ward's Island, New York. From there he went to Willard, N. Y., where he was assistant superintendent at the Willard State Hospital. Later he held a similar position at the Buffalo State Hospital, where he remained for 18 years. He had been connected with the Boston hospital since 1909. Dr. Frost was a member of the American Medical Association, the American Neurological Association, American Society of Psychiatry, and other professional organizations.

QUERIES AND ANSWERS

Wants a Simple, Effective Switch

To the Editor of THE MODERN HOSPITAL:

I am in trouble regarding the lighting system in my new hospital, which I am just completing. The wires are all in and the system works perfectly. The only trouble, which is a rather serious one, is that I have arranged the system to use a double-pole (four-wire) chain pull pendant switch. The plan is to have the system so arranged that the patient could pull the cord or chain and turn on the signal lights.

I have been unable so far to get a switch in which the chain could be easily pulled from an angle. We have tried a number of switches and all of them have some objection. For instance, in one the chain must be pulled in a direct line; in another the switch is large, obtrusive and objectionable.

Would it be possible for you, through some of your departments, to help me out in this matter? To put it in a few words, I have a signal system that works beautifully with the exception of the switch, which should be plain, simple in design, unobtrusive in appearance, and allow the chain to be pulled in almost any direction.

I have come to rely in a measure on THE MODERN HOSPITAL for advice, and feel that the knowledge that I have already gained from you and your journal has been of special service to me.

NORTH CAROLINA.

Reply by Mr. H. E. Murphy, of the St. Louis Brass Manufacturing Company, of St. Louis:

We would recommend the use of a switch similar to the Perkins No. 2396 or No. 2314, double pole. Same switch may be had in any number of points up to four, and up to three-circuit electrolier. This switch is operated by a linen cord, which is brought out from the switch in such manner that it may be operated from practically any angle below the switch. The switch is slightly less than 3 inches in diameter, nickel-plated case, and is mounted on a porcelain base, and we do not believe you would find its use objectionable from the point of view of unsightliness.

Colored Pupil Nurses

To the Editor of THE MODERN HOSPITAL:

Can you give us the names of any hospitals in the north central states that accept colored women in training for nurses? If so, will you please send us their names? We will appreciate it very much.

AN OHIO HOSPITAL.

We have no complete list of hospitals accepting colored women in the training school, but here is a list of four: Provident Hospital, Chicago, Ill.; Lincoln Hospital, E. 141st St., New York; Kansas City General Hospital, Kansas City, Mo.; and the Freedmen's Hospital, Washington, D. C.

If there are any other hospitals that accept colored women in training, whose superintendents happen to glance at this note, we shall be very glad to have them send in the names.

Miss Martha Stoakley is filling the vacancy at the Hammond City Hospital, Geneseo, Ill., caused by the resignation of Miss Frances Smith, the superintendent.